

**U.S. Department of Health and Human Services, National Institutes of Health
National Institute of Allergy and Infectious Diseases (NIAID)**

**RFP-NIH-NIAID-DAIDS-05-06
“HIV Clinical Research Management Support”**

1. OFFERORS ARE RESPONSIBLE FOR ROUTINELY CHECKING THE FOLLOWING WEBSITE FOR ANY SOLICITATION AMENDMENTS. NO ADDITIONAL NOTIFICATION OF ANY AMENDMENTS WILL BE PROVIDED BY THIS OFFICE. http://www.niaid.nih.gov/contract/default.htm		
2. SECTION A – SOLICITATION/CONTRACT FORM -- PURCHASE AUTHORITY: FAR 1.602-1 NOTE: The issuance of this solicitation does not commit the government to an award.		
3. Issue Date: June 17, 2004	4. Due Date: September 17, 2004 Time: 3:00 PM, EST	5. Small Bus. Set-Aside: [<input type="checkbox"/>]Yes [X] No 8(a) Set-Aside: [<input type="checkbox"/>]Yes [X] No (See Part IV, Section L.)
6. <u>Mandatory Qualification Criteria:</u> (See Part IV, Section M.) -- Must be met at time of initial proposal submission.	7. Number of Awards: [X] Only 1 Award [<input type="checkbox"/>] Multiple Awards	8. <u>Technical Proposal Page Limits:</u> Total not-to-exceed 150 pages. See APPENDIX A and http://www.niaid.nih.gov/contract/eproposal.htm
9. Issued By: Elizabeth Shanahan Contracting Officer Research Resources Contract Branch Contract Management Program, DEA NIH, NIAID 6700-B Rockledge Drive Room 3214, MSC 7612 Bethesda, MD 20892-7612		
10. [X] We reserve the right to make awards without discussion.		
11. <u>Pre-proposal Conference</u> Date: July 26, 2004 Time: 1:00 pm – 3:00 pm Location: See page 48		
12. Period of Performance: 5 years beginning on/about June 15, 2005		
13. Primary Point of Contact: Name : Elizabeth Shanahan Phone: 301-594-6309 Fax: 301-402-0972 E-Mail: eshanahan@niaid.nih.gov	14. Secondary Point of Contact: Name: Barbara Shadrick Phone: 301-496-7288 Fax: 301-402-0972 E-Mail: bs92v@.nih.gov	15. Protest Officer: Director, CMP Address (see Block 9.)
16. COLLECT CALLS WILL NOT BE ACCEPTED. FACSIMILE SUBMISSIONS ARE NOT ACCEPTABLE.		
17. Offers will be valid for 120 days unless a different period is specified by the Offeror on the form entitled “Proposal Summary and Data Record, NIH-2043” (See SECTION J – Attachments)		
18. DELIVERY ADDRESS INFORMATION		
Hand Delivery or Overnight Service: Elizabeth Shanahan Research Resources Contract Branch Contract Management Program, DEA NIAID, NIH 6700-B Rockledge Drive, Room 3214 Bethesda, MD 20817	U.S. Postal Service or an Express Delivery Service Elizabeth Shanahan Research Resources Contract Branch Contract Management Program, DEA NIAID, NIH 6700-B Rockledge Drive, Room 3214, MSC 7612 Bethesda, MD 20892-7612	
19. The <u>Official Point of Receipt</u> for the purpose of determining timely delivery is the address provided in Block 18, above. The paper copy with original signatures is the official copy for recording timely receipt. If the paper copy of your proposal is not received by the Contracting Officer or Designee at the place and time specified, then it will be considered late and handled in accordance with HHSAR 352.215-70 entitled "Late Proposals and Revisions" located in this Solicitation. FACSIMILE SUBMISSION OF PROPOSALS IS NOT ACCEPTABLE.		

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**ALL OFFERORS ARE DIRECTED TO APPENDICES A and B. THE INSTRUCTIONS
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INTRODUCTION

The AIDS pandemic is growing worldwide at an alarming rate and has especially impeded the health, economic development, and political stability of many of the world's poorest and most vulnerable populations. To combat this global threat, and to prevent the spread of HIV infection and other bio-organisms, the Division of AIDS (DAIDS), National Institute of Allergy and Infectious Diseases (NIAID), sponsors the conduct of Phase I, II and III human clinical trials testing vaccines and therapeutics, as well as preventive modalities (e.g. microbicides). DAIDS currently sponsors more than 50 trials in 40 countries at over 900 sites with over 50,000 volunteers, and has extensive clinical trial networks and HIV product development contracts. For example, DAIDS has fostered the development of experimental HIV vaccines and the testing of these products through industry partnerships, through investigator-initiated projects, and through inter-agency agreements with the Centers for Disease Control and Prevention and the Department of Defense. With a maturing pipeline of experimental clinical grade products, there is a need for increased focus on clinical trial conduct in international settings, especially resource poor, underdeveloped countries. Hence, DAIDS must augment its current research program management capacity, its flexibility, and its capability to respond quickly to emerging scientific and operational needs, especially in international settings, in order to meet U.S. Food and Drug Administration (FDA) standards for licensure. Additionally, DAIDS is the Investigational New Drug (IND) sponsor for many of its current trials with commensurate responsibilities.

As a component of the National Institutes of Health, DAIDS traditionally uses academic-based investigators to advise, determine and, in most cases, execute its vast biomedical research enterprise. However, it is difficult and beyond the scope of academic investigators to conduct wide ranging, integrated, multidisciplinary clinical trials, especially in resource poor, underdeveloped countries. Therefore, in order to meet the goals and objectives of expanding DAIDS' current clinical research program management capacity, flexibility and responsiveness in conjunction with its academic scientific base, DAIDS is establishing a comprehensive research management and support contract. The primary objective for the contract is to provide over-arching research program management resources (personnel, administrative, contractual, logistical, and operational) for DAIDS in order to augment the capabilities of DAIDS-supported clinical trials which rest primarily in its clinical trial Networks. The Contractor will be expected to integrate and closely coordinate with existing DAIDS clinical trial Networks and DAIDS operational systems for ongoing trials, and assume varying degrees of responsibility for activities related to study oversight, management, and/or conduct of a large portfolio of trials located throughout the world. The Contractor will be expected to assume differing roles in these trials, while coordinating these efforts from an overall oversight/research program management perspective through detailed trial and site support services and, at the same time, providing standardization of "common" operational research procedures throughout the contract performance period. The primary task categories are:

1. Centralized Clinical Research Program Management – Core Functions
2. Site Identification/Preparation/Management/Evaluation – Non-Core Functions
3. Clinical Trials Management Services – Non-Core Functions
4. Clinical Trial Compliance Services – Non-Core Functions

In order to be successful in providing the appropriate oversight and management support for the conduct of large clinical trials/research programs, the Contractor must have a significant base of international research management expertise, especially on the ground in resource poor, underdeveloped countries. The Contractor must possess: significant experience in the management of clinical research; a core of expert personnel able to manage a wide array of highly technical projects; and the capability to respond quickly to DAIDS evolving needs. For example, the Contractor may be directed to provide staffing, logistics and cohort development services for a DAIDS Network Phase III HIV Vaccine trial in Africa (utilizing its research program management "core" personnel and resources), while also being directed to provide monitoring and site management services necessary for a different investigator-initiated therapeutic trial in Southeast Asia.

This solicitation includes the following Appendices:

Appendix A – Additional Technical Proposal Instructions
Format for Technical Proposal Table of Contents

THE TEMPLATE PROVIDED IN THIS APPENDIX IS REQUIRED TO BE USED AS THE TABLE OF CONTENTS FOR YOUR TECHNICAL PROPOSAL AND ALL INFORMATION IN YOUR TECHNICAL PROPOSAL SHOULD BE PRESENTED IN THIS ORDER.

Appendix B – Additional Business Proposal Instructions
Uniform Assumptions

This Appendix includes uniform cost assumptions for subcontract and travel costs and also provides a breakdown of estimated labor.

Appendix C – DAIDS Clinical Trials Portfolio – Information Summary

This Appendix describes the clinical trial networks and major clinical trial programs that comprise the current DAIDS portfolio to give offerors an overview of current DAIDS efforts so that each offeror can more fully understand potential areas of support for this contract.

Appendix D – Overview of Selected DAIDS Support Contracts

The DAIDS currently holds several contracts that provide a variety of clinical trials support and services to the expansive DAIDS clinical trials portfolio. Currently, these contractors are providing services to DAIDS-funded vaccine, prevention and therapeutic studies at over 900 sites and in more than 40 countries and are working closely with DAIDS-funded Networks, Non-Networks, Investigators, Central Laboratories, Operational centers and Statistical and Data Management Centers.

Appendix E – DAIDS Current and Planned Clinical Trials

A description of the current DAIDS treatment and prevention network, non-network activities as well as supporting contracts.

HIV Clinical Research Management Support Center

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Statement of Work

Independently, and not as an agent of the Government, the Contractor shall furnish all the necessary qualified personnel, materials, equipment, and facilities, not otherwise provided by the Government under the terms of this contract, as needed to perform the work set forth below.

Section One details Core Functions that must be performed by the Prime Contractor and cannot be performed by any subcontractors. The Core Functions have been determined to be critical for the effective oversight, management and operational integrity of the many clinical research projects to be supported under this contract. Core Functions are defined as that set of activities needed to establish a comprehensive, centralized research program support center to provide the services and personnel necessary for a broad spectrum of activities for both the DAIDS treatment and prevention clinical trial Networks as well as non-Network funded clinical trial projects and programs. The Contractor shall **not** be required to conduct clinical trials under this contract.

Section Two details the Non-Core Functions defined as highly specialized support that is required in order to sustain the DAIDS growing and evolving clinical research portfolio, although not considered to be key oversight and management functions of this contract. These Non-Core Functions may either be performed by the Contractor or by subcontractors. The Project Officer (PO) will identify requirements for services that fall within the functions designated as Non-Core during the performance of this contract.

SECTION ONE **CORE FUNCTIONS**

The Core Functions are comprised of that set of functions needed to establish comprehensive, centralized clinical research program support for the current and evolving DAIDS Network and non-Network clinical trials research portfolios. These Core functions will provide the services and staff necessary to support the DAIDS treatment and prevention clinical trial Network studies as well as non-Network clinical trial studies and programs. Due to the nature of the DAIDS funding and sponsorship of Network and non-Network clinical trials, the Contractor shall be required to work with DAIDS contractors and grantees to meet trial-specified and program management needs necessary for successful performance. Under the guidance of the Project Officer, the Contractor shall be required to establish relationships with entities that either currently, or in the future, contract with, or hold grants for, the conduct of HIV clinical trials. Typical entities that the Contractor will interact with include multiple Network and non-Network grantees and contractors, such as Network Leadership Groups, Operations Centers, Data Management Centers, Central Laboratories, investigators and their staff, the DAIDS Regulatory contractor, the DAIDS Clinical Research Product Distribution contractor, the DAIDS Monitoring contractor(s), the DAIDS Enterprise System contractor, and both Network and non-Network clinical trial sites and their investigators. Databases created by this Contractor must interface with the Division of AIDS Enterprise System (DAIDS-ES), a comprehensive system that supports the business functions, management and oversight responsibilities of the DAIDS.

Availability of Management Core Staff: It is considered vital to the effective management of this contract that the Management Core shall be able to accommodate the DAIDS' need for easy and rapid access to Management Core Staff. Close physical proximity of the Contractor's main or satellite office and/or plans to ensure that this interaction can be successfully accomplished in a cost-effective and timely manner is essential.

To achieve compatibility and accessibility of data, DAIDS and its support contractor(s) will provide data exchange guidelines and a set of platform technology standards. The Contractor shall adhere to these guidelines and standards on a continual basis. This may include the need for the Contractor to utilize DAIDS-supplied software components or use eXtensible Markup Language (XML) schemas in applications, where needed, to affect specific types of transactions, Graphical User Interface (GUI) and other software-based tasks that interact with the DAIDS-ES. (Refer to Appendix C, "DAIDS Clinical Trial Portfolio - Information Summary.")

The following Core Functions shall be performed by the Contractor:

A. CENTRALIZED CLINICAL RESEARCH MANAGEMENT AND SUPPORT

Establish and maintain a centralized, core unit (center) to manage and monitor the support services provided under this contract by the prime Contractor and all subcontractors and consultants, and monitor the administrative, technical and financial activities and progress of the contract. After initial introduction and directions, the Contractor shall interface with the entities involved in each particular function, on an as needed basis, to execute the work specified below.

1. Manage, oversee and monitor all contract activities on a daily basis.
2. Maintain daily contact with the Project Officer with respect to all activities performed under the contract.
3. Provide central senior contact(s) for the planning, management and oversight of:
 - a. Centralized Clinical Research Management and Support
 - b. Subcontract Acquisition and Management
 - c. All Non-Core Functions
4. Establish standardized policies and procedures to guide the operations of the contract and its staff, including working relationships with Networks and non-Networks, the clinical trial sites and investigators, and other DAIDS contractors and associated entities. In addition, ensure compliance with current Department of State travel guidelines. These procedures shall be submitted to the Project Officer four (4) months after the effective date of the contract.
5. Work with the Networks, non-Networks and the clinical trial sites to develop and implement standardized (when applicable) clinical trial operating procedures for DAIDS-funded sites. These procedures shall be submitted to the Project Officer six (6) months after the effective date of the contract.
6. Inventory, assess and report current Network and non-Network operational procedures to include clinical trial site administrative procedures.
7. Coordinate and participate in meetings and teleconferences with DAIDS staff, the Networks, non-Networks, and the clinical trial sites and investigators.
8. Provide administrative support for meetings and teleconferences/videoconferences, including preparation of agendas, lists of participants and other meeting materials, and meeting summaries/minutes.
9. Provide comprehensive meeting logistical and management services for contract-related meetings (secure venue, on-site meeting management, pre-registration, site-registration). [NOTE: Food, refreshments and entertainment may only be provided in accordance with the guidance provided in NIH Policy Manual Issuance 1160-1, Entertainment, that can be accessed at: <http://www1.od.nih.gov/oma/manualchapters/management/1160-1/>]
10. Provide graphic materials and related support services for a variety of activities and events.
11. Provide monthly and special administrative/operational reports covering progress, future obstacles/problems, and proposed approaches to resolve current and/or anticipated obstacles/problems. Monthly reports shall be due within ten (10) working days following each calendar month. Reports shall be cumulative when applicable.

B. SUBCONTRACT ACQUISITION AND MANAGEMENT

During the performance of this contract, subcontracts may be required to perform the Non-Core Functions specified in SECTION TWO of this Statement of Work. The Contractor shall manage this subcontracting activity, as well as related tasks, and shall ensure that the award and management of subcontracts is in accordance with FAR Clause 52.244-2, entitled "Subcontracts." The Contractor shall:

1. Solicit, execute and manage subcontracts, and oversee the technical, administrative and operational activities of subcontractors on a daily basis, including financial monitoring, tracking of deliverables and reporting requirements as well as subcontractor performance and achievement of milestones. The period of performance of each subcontract cannot exceed the period of performance of this contract.
2. Upon notification by the Project Officer of a requirement for supplies or support, determine whether the work can be performed in-house by the Contractor, or whether subcontracting is required. **The Project Officer will submit the request utilizing the Attachment entitled “Task Request Form – Performance of Non-Core Functions.”** If subcontracting is required, perform a market research to identify potential subcontractor(s). **The Contractor must compete these subcontracts with priority being given to making awards to subcontractors certified as small and/or disadvantaged in accordance with FAR Part 19.** Subcontracts that cannot be awarded competitively require a justification for other than full and open competition prepared by the Contractor for review and consent by the Contracting Officer. Timeframes for subcontracting deliverables will be commensurate with the complexity of the requirement and discussed and agreed upon by the Project Officer and Contracting Officer.
3. Develop solicitations to include: statement of work, milestones, deliverables and reporting requirements and evaluation criteria. The solicitation package shall be provided to the Project Officer for review prior to issuance. Upon receipt of proposals, perform cost and technical analyses of proposals received. Provide all of the information to support your selection for award to the Contracting Officer and Project Officer within two (2) weeks of receipt of proposals for review, acceptance and consent to award. Assure that all subcontracts include the appropriate flow-down clauses and provisions from the prime contract and that the subcontractor is in compliance with subcontracting, salary rate limitations, human subjects protection, privacy and any other requirements mandated by current Public Laws. Consent will be provided by way of a bi-lateral Modification to the contract or through the issuance of a Contracting Officer’s Authorization (COA) letter.
4. For subcontracts exceeding a total of \$500,000, the Contractor shall establish technical review panels for the purpose of evaluating the technical portion of subcontract proposals. The technical review panel will provide their recommendation to the Contractor. The Contractor will base their selection for subcontractor on the panel’s recommendation and forward the subcontract and all required supporting documentation to the Project Officer and Contracting Officer for final consent. The Contractor shall conduct technical reviews in accordance with the following guidelines:

Guidelines for Conduct of a Technical Evaluation Panel for Subcontract Awards

A. General.

1. A technical evaluation panel is required for all subcontracts which are expected to exceed a total of \$500,000 and in which technical evaluation is considered a key element in the award decision. The Contractor has the discretion to require a technical evaluation panel for subcontracts not exceeding \$500,000 based on the complexity of the acquisition.
2. The technical evaluation process requires careful consideration regarding the size, composition, expertise, and function of the technical evaluation panel. The efforts of the panel can result in the success or failure of the subcontract.
3. The Contractor is responsible for including a chairperson and panel members who are knowledgeable in the technical aspects of the proposed subcontract and who are competent to identify the strengths and weaknesses of the submitted proposals. Collectively, the panel should cover all relevant technical areas of expertise. The Contractor shall ensure that reviewers are free of conflicts of interest that might compromise their objective review of proposals.
4. The Contractor shall balance the composition of the panel so that qualified and concerned individuals may provide insight to other panel members regarding ideas for, and approaches to be taken in, the evaluation of proposals.
5. The Contractor is to submit the recommended list of panel members to the Project Officer for review prior to inviting them.
6. The Contractor shall arrange for adequate and secure working space for the panel and for provision of review materials and instructions, and for confidential handling of all proposal-related information.
7. Review panels shall consider whether issues are satisfactorily handled regarding protection of human subjects from research risks, representation of women, minorities and children in clinical research, and humane care and use of vertebrate animals, where applicable.

B. Role of the Project Manager.

1. The term "project manager," as used in this subpart, may be the project manager or his/her designated representative within the organization.
2. The project manager shall not serve as a member of the technical evaluation panel but should be available to:
 - a. address the initial meeting of the technical evaluation panel to clarify the solicitation requirements;
 - b. provide factual, but non-evaluative assistance to the evaluators as required; and
 - c. ensure that the scores adequately reflect the written technical report comments.

C. Conflict of interest.

If a panel member is found to have an actual or apparent conflict of interest related to a proposal under evaluation, he/she shall not be invited to serve but should be replaced with another evaluator. If a conflict is identified during the review, the conflicted reviewer should be recused and efforts made to cover the missing expertise by other panelists.

D. Continuity of evaluation process.

The technical evaluation panel is responsible for evaluating the original proposals, making recommendations to the chairperson regarding weaknesses and deficiencies of proposals, and, if required, assisting during review of supplemental, revised and/or final proposal revisions. To the extent possible, the same evaluators should be available throughout the entire evaluation and selection process to ensure continuity and consistency in the treatment of proposals.

5. Identify and resolve problems with subcontractor performance.
6. Provide monthly updates of subcontractor financial performance. This report shall be submitted to the Project Officer two (2) weeks after the end of each month and shall be cumulative.
7. Provide quarterly technical updates on subcontractor(s) performance. This report shall be due to the Project Officer two (2) weeks after the end of each quarter. Unresolved issues shall remain in all following quarterly reports until they have been sufficiently resolved and any real or anticipated obstacles shall be reported.
8. Perform all necessary contract transition and closeout functions on each subcontract.

C. **CONTRACT TRANSITION**

The Contractor shall develop an **Initial Transition Plan** to ensure the timely and orderly transfer of all or part of this project twenty-four (24) months after the effective date of the contract, and a **Final Transition Plan** twelve (12) months prior to the completion date of the contract. At a minimum, the transition plans shall include the following items and any additional information the Contractor deems necessary for an orderly transition:

1. Schedule for delivery of data, datasets, databases, and/or systems developed under this contract to the Project Officer or designated entity, including study files, call center, and websites.
2. List of open trials and actions needed to ensure their continuation or completion during the transition period.
3. List of Investigational New Drugs (INDs) and any actions or reports due during the transition period and plan for the submission of new INDs.
4. List of incomplete remedial site actions or open safety issues and plan for their resolution.
5. List of facilities and equipment support provided and any scheduled support to be provided during the transition period.
6. List of subcontracts with a transition plan to either continue through transition to another contractor or terminate if the subcontract is at its completion date. If the contract is transitioned to a new contractor, all subcontracts must be terminated to coincide with the completion date of the prime contract. The new contractor must negotiate new subcontract agreements.
7. At a minimum, both the initial and final transition plans shall include an estimate of cost, time frame to complete transition, and the staff required to execute a successful and timely transition.

SECTION TWO **NON-CORE FUNCTIONS**

Non-Core functions are defined as highly specialized support functions that are required in order to sustain the DAIDS growing and evolving clinical research portfolio, although not considered to be key oversight and management functions of this contract. Based upon the evolving DAIDS portfolio and the uncertainties inherent in clinical trials and product development, this Contractor shall have the flexibility to respond to requirements for Non-Core Functions as they are identified. These Non-Core Functions may be performed within the Contractor's organization or subcontracted out subject to the consent of the Contracting Officer.

Currently DAIDS and its clinical research Networks interact in a complex research environment to conduct clinical trials and associated management activities. This research environment is currently composed of:

- Clinical Investigators and their Institutions;
- DAIDS technical support contracts;
- Network and non-Network statistical and data analysis centers;

- Clinical coordinating centers;
- Central laboratory centers;
- U.S. Food and Drug Administration (FDA);
- DHHS Office for Human Research Protection (OHRP);
- Non-U.S. regulatory agencies;
- Pharmaceutical companies;
- Local and National Institutional Review Boards/Ethics Committees (IRBs/ECs); and
- NIH scientific and administrative personnel.

For purposes of this Statement of Work, functional areas of clinical trial support include the areas of administrative, clinical, laboratory, pharmacy, and data management.

The Project Officer will identify each new requirement under the Non-Core Functions during the performance of this contract. Upon the initiation of the requirement (using the “Task Request Form - Performance of Non-Core Function”– see Attachment 1 to the Statement of Work) by the Project Officer, the Contractor shall be required to generate a plan that describes how the Contractor proposes to best execute the work. The Contractor shall be required to propose to either perform the work within its own organization or have it performed through a subcontract.

Non-Core Function – To be Performed by the Contractor: If the Contractor chooses to execute Non-Core Function within its own organization, the Contractor shall be required to submit a technical plan along with a cost proposal and budget. The technical plan shall describe the Contractor’s experience and approach for that Non-Core Function requirement and delineate the personnel to be utilized and their expertise and qualifications. This plan will be subject to consent of the Contracting Officer.

Non-Core Function – To be Performed by a Subcontractor: If the Contractor chooses to execute the Non-Core Function through a subcontract, the Contractor shall be required to perform all of the functions identified in SECTION ONE, subparagraph B., above.

The Non-Core Functions are as follows:

- A. Site Establishment and Support Activities
 1. Site Identification/Assessment
 2. Site and Study Preparation
 3. Site Coordination
 4. Site Evaluation
 5. Financial Management
 6. Staff Recruitment
 7. Equipment and Facilities Management
 8. On-the-Ground Oversight
- B. Clinical Trials Management Support Activities
 1. Data Management
 2. Data and Safety Monitoring Board Support
 3. Biostatistical Support
 4. Laboratory Support and Specialized Studies
 5. Study Document and Medical Writing
 6. Pharmacy Support
 7. Specialized Domestic and International Clinical Trial Material Shipping
 8. Communication Services
 9. Volunteer Recruitment and Retention Services
 10. Volunteer Counseling and related Services

- C. Clinical Trials Compliance
 - 1. Training
 - 2. Specialized Regulatory Support Activities
 - 3. Monitoring/Auditing/Quality Assurance Support
 - 4. Safety Monitoring

The Non-Core Functions are delineated in detail below.

A. SITE ESTABLISHMENT AND SUPPORT ACTIVITIES (NON-CORE FUNCTION)

The Contractor shall identify and assess potential sites and perform support activities to include: study and site preparation, coordination and evaluation of clinical trial sites for the purpose of developing infrastructure for clinical sites that are conducting DAIDS-sponsored Phase I, II and III HIV therapeutic, vaccine and prevention clinical trials with an emphasis on the assistance to clinical trial sites in resource-constrained settings. These activities shall be carried out to achieve additional clinical trial capacity in coordination with the clinical trial sites, investigators and DAIDS scientific and support entities.

1. SITE IDENTIFICATION/ASSESSMENT

The Contractor shall identify potential sites and perform site assessment services for DAIDS-funded clinical trial sites. **For potential sites, the Contractor shall not prepare or assist a site in the preparation of a grant application.** Activities shall include:

- a. Design a site identification/assessment visit report template, with an emphasis on clinical trial sites in resource-constrained settings, or utilize existing DAIDS assessment templates, for approval by the Project Officer. Newly designed templates shall be due to the Project Officer within eight (8) weeks of receipt of the requirement.
- b. Assemble site identification/assessment teams and deploy teams, as required by the Project Officer, to assess functional areas of clinical trial conduct (includes administrative, clinical, laboratory, pharmacy, and data management). Review site staff capabilities, current clinical research activities, and infrastructure, assess site readiness using both subjective and objective criteria, and report recommendations. The Contractor's team shall perform specified site assessment visits and deliver the report to the Project Officer within twenty (20) business days after completion of the site visit. Frequency of visits will vary dependent upon site activities and performance, although each site will receive a minimum of an annual comprehensive review. Other reviews will be performed on an "as needed" basis.

2. SITE AND STUDY PREPARATION

The Contractor shall perform the below site preparation activities in advance of DAIDS clinical trial implementation. **The Contractor shall not prepare or assist a site in the preparation of a grant application.**

- a. Design a site preparation visit report template, with an emphasis on clinical trial sites in resource-constrained settings, for approval by the Project Officer. This report shall include a review of all areas of the clinical trial site, i.e., administrative, clinical, pharmacy, data management, staffing, policies and procedures and current training practices, that shall be due to the Project Officer within eight (8) weeks of receipt of the requirement.
- b. Establish a site preparation team to prepare sites on the aspects of individual clinical trial conduct, prior to initiation of a clinical trial. **This group must be distinct and separate from the Contractor's site monitoring group as specified in SECTION TWO, paragraph C.3., "MONITORING/AUDITING/ QUALITY ASSURANCE."** This team shall visit a site within six (6) weeks of receipt of the requirement.
- c. Perform site preparation visits and follow-up visits as required by the Project Officer.

- d. Prepare written reports on site preparation issues and problems and provide recommendations for resolutions/corrective actions. These recommendations are subject to Project Officer approval prior to implementation. Reports shall be due to Project Officer within eight (8) weeks of receipt of the requirement.
- e. Develop a final site readiness checklist and communication plan (who is notified, when and for what purpose during trial conduct) for notification to all DAIDS-designated parties that a clinical trial may be initiated at a particular site. This checklist and communication plan shall be due to the Project Officer within eight (8) weeks of receipt of the requirement.
- f. Support specialized scientific/research projects with an emphasis on obtaining, preserving and transporting specimens to assist in the identification of study populations, using appropriate protocols and informed consents to characterize study populations are to be performed under the direction of the responsible DAIDS-funded site investigator and all associated contractor activities conducted in accordance with U.S. Federal Regulations as well as country-specific guidelines. This may include:
 - 1) Acquiring and synthesizing HIV prevalence and incidence data for future clinical trial cohort development.
 - 2) Collecting and providing specimens (according to protocol-specific requirements and procedures) for genetic, HLA, restricting T cell epitopes, and other key analyses.
 - 3) Collecting, characterizing and sequencing circulating HIV viruses in designated populations and preparing stocks.
 - 4) Characterizing populations for potential study including:
 - HIV prevalence and incidence studies,
 - Surveys of both general and HIV-specific health services, and
 - Surveys of HIV services, including access to prophylaxis and antiretroviral therapy.
 - 5) Supporting special requirements for data (such as reason for participant exclusion for a designated clinical trial) and collecting demographic characteristics at designated clinical trial sites to enhance recruitment and retention.
- g. Develop and execute an overall clinical trials compliance plan to meet U.S. FDA guidelines and U.S. Code of Federal Regulations, as well as host country requirements and any additional regulatory guidelines governing clinical trials. This plan shall be due within twelve (12) weeks of receipt of the requirement.
- h. Develop Information Technology capabilities compatible with DAIDS Networks and the DAIDS-ES that will allow real time exchange of electronic information with DAIDS and its grantees and contractors. [Refer to APPENDIX D – OVERVIEW OF SELECTED DAIDS SUPPORT CONTRACTS”]

3. SITE COORDINATION

The Contractor shall provide site coordination services to DAIDS-funded clinical trial sites, including the following:

- a. Work with the Network Operations Centers to achieve standardization of multi-Network site coordination practices across sites and DAIDS-funded Networks. A standardized set of administrative procedures to be implemented at all DAIDS-funded sites shall be due to the Project Officer within four (4) months of receipt of the requirement.
- b. Coordinate Contractor activities at clinical trial sites with the study teams and additional contractors to include the statistical and data management centers, central laboratory centers, DAIDS and any other sponsors.
- c. Develop and maintain a central listing of all DAIDS-funded sites, Network affiliations, current information of site development status, and site protocol listing. The Contractor shall deliver the first listing to the Project Officer within eight (8) weeks of receipt of the requirement. This listing shall be updated on a quarterly basis and disseminated to DAIDS staff as specified by the Project Officer.

- d. Prepare and distribute materials to facilitate site coordination practices. Types of materials include:
 - 1) Study binders, tabs, materials transferred to CD-ROM.
 - 2) Standard Operating Procedures for site and clinical trial management.
 - 3) Additional organizational tools such as specimen tracking checklists, patient screening logs, and telephone contact forms.
 - 4) DAIDS training materials.

4. SITE EVALUATION

The Contractor shall plan and coordinate comprehensive site evaluation activities to assist in the objective evaluation of DAIDS-funded sites. **This group must be distinct and separate from the Contractor's site monitoring group as specified in SECTION TWO, paragraph C.3., "MONITORING/ AUDITING/ QUALITY ASSURANCE."** Non-Network sites shall be formally evaluated under this contract. The Contractor shall be required to interact with designated contractors and Networks to perform multi-network site evaluation services and processes as describe below:

- a. Establish links with current DAIDS Network site evaluation groups and Committees.
- b. Inventory, review and report current DAIDS Network evaluation activities.
- c. Work with the Network evaluation committees to standardize evaluation components and the evaluation cycle.
- d. Establish written procedures, policies and guidelines for the evaluation of non-Network sites, update this information on an as needed basis, and disseminate to the sites. This deliverable shall be due to the Project Officer within six (6) months of receipt of the requirement.
- e. Develop, test and validate quantifiable mechanisms to track clinical trial site quality and productivity, using selected parameters including:
 - 1) studies and type of studies,
 - 2) enrollment and retention,
 - 3) data quality and timeliness,
 - 4) protocol adherence,
 - 5) operational and regulatory compliance,
 - 6) Good Clinical Practices adherence,
 - 7) financial efficiency, and
 - 8) scientific contributions.
- f. Identify minimum standards of performance for clinical trial sites, criteria for investigator commitment, and work with the DAIDS clinical trials Networks and individual trial sites to further identify and implement thresholds for critical performance parameters.
- g. Site Comparison Reports: Produce site comparison reports on a quarterly and annual basis. Reports shall contain various graphic representations of the data for ease of comparison, such as bar charts, means and averages, and shall be submitted ten (10) calendar days after the end of each quarterly or annual reporting period. Report format shall be submitted to the Project Officer within three (3) months of contract award and must be approved by the Project Officer.

5. FINANCIAL MANAGEMENT

Provide site-specific financial management/tracking of DAIDS funding at both Network and non-Network sites. Many of the DAIDS-supported sites are funded by multiple Networks (example: Johannesburg, SA is a funded HIV Prevention Trial Unit, an HIV Vaccine Trial Unit and a CIPRA site). The Contractor shall:

- a. Assist sites in the design, implementation and management of financial tracking and reporting systems for the effective management and reporting of DAIDS funding. This may require the tracking of more than one DAIDS funding (non-Network and Network) stream into a site.
- b. Train site personnel on financial management of project funds, methods to achieve financial efficiencies, financial reporting requirements and good business practices.
- c. Site Expenditure Reports: Track and report designated site expenditures by multiple categories (by site, by Network, by trial, by category). Site Expenditure Reports shall be due monthly and shall be cumulative.

6. STAFF RECRUITMENT

Provide human resources service to recruit scientific, technical and administrative staff, on an “on-going” as well as “as needed” basis, for international clinical trial sites. Consideration should be given to the U.S. Department of State travel guidelines when placing staff. This service shall be needed in a wide range of geographic, resource constrained locations.

Option 1: The Contractor shall recruit staff needed to provide support at the specified site. That employee will be hired at that site.

Option 2: Recruited staff shall be directly employed by the Contractor on a temporary basis for no longer than eighteen (18) months and shall perform work at the specified site. If required to continue employment in this role after eighteen (18) months, the staff member must terminate employment under the prime contract and become an employee of the grantee. Specifically, the Contractor shall:

- a. Provide assistance to recruit scientific, technical and/or administrative staff for DAIDS-supported clinical trial sites.
- b. Prepare position descriptions in response to staffing needs at clinical trial sites. Descriptions shall be developed and delivered within six (6) weeks of receipt of requirement. Also, identify baseline salary requirements for each position (using the United States as the baseline). As this contract supports international sites, it is expected that the salaries/incentives will be different than that projected for the United States.
- c. Establish procedures for sites to communicate their needs for staffing via the Project Officer (typical personnel recruited will include pharmacists, physicians, nurse coordinators, and data coordinators). Ensure that sites have the opportunity to identify any special qualifications that are necessary. These procedures are to be outlined and submitted to the Project Officer within six (6) weeks of the date of contract award.
- d. Utilize proven and culturally appropriate methods to recruit and retain site staff. All monetary incentives planned for recruitment and retention must be approved by the Project Officer. Ensure that prior to being sent to sites, new staff have the required training in accordance with HHS guidelines.
- e. Establish uniform human resource procedures for time-keeping, standards of conduct, training, and performance evaluation of site staff.
- f. Work with individual site investigators to transition temporary Contractor staff to grantee employees within eighteen (18) months of staff assignment to the site.

7. EQUIPMENT AND FACILITIES MANGEMENT

Provide equipment and facility management services to specified DAIDS-supported clinical trial sites (with an emphasis in resource constrained settings such as Africa and Southeast Asia). Specifically, the Contractor shall:

- a. Provide planning, oversight and consultation for clinical laboratory upgrade and improvement activities in resource-constrained settings.

- b. Advise clinical sites on the procurement and maintenance of medical/research equipment and related service contracts.
- c. Negotiate and establish service contracts for specialized technical equipment.
- d. Obtain licenses, customs clearances and permits for world-wide shipping of clinical trial related materials, supplies and equipment.

8. OVERSIGHT OF ON-THE-GROUND SITE ACTIVITIES

Provide on-site oversight activities for Network and non-Network clinical trials. The Contractor shall:

- a. Work directly with site investigators and senior staff to ensure site compliance with protocol requirements, Good Clinical Practices, DAIDS policy, applicable regulatory requirements and additional international in-country requirements.
- b. Assist the site staff in meeting requirements and guidelines for overall and specific trial conduct in accordance with DAIDS requirements.
- c. Identify issues that can impede the successful conduct of clinical trials, and propose corrective action on a monthly basis. Corrective actions are subject to approval by the Project Officer prior to implementation. Reports shall be due monthly to the Project Officer. Issues shall remain open in each report until resolved.

B. CLINICAL TRIALS MANAGEMENT

The Contractor shall support the planning, initiation and management of Phase I, II and III DAIDS-sponsored clinical trials in collaboration with DAIDS, DAIDS Networks, non-Networks and/or other partners. Activities shall include:

1. DATA MANAGEMENT

Currently the DAIDS utilizes Network Data Management Centers to support the data management of Network-based trials. Non-Network trials currently do not receive data management support. For investigator-initiated clinical trials and other non-Network clinical trials, the Contractor shall work directly with the investigators and/or with DAIDS staff to provide data management services and/or analyses of existing or planned data management services on a study-specific basis. The Contractor shall:

- a. Inventory existing data management tools, forms and practices for DAIDS- funded clinical trials (specified Network and non-Network trials) across DAIDS-funded sites.
- b. Work with existing DAIDS Networks and Network Data Management Centers to identify common data management tools and common data elements within the Networks.
- c. Serve as a central processing station for data collection tools used by DAIDS-supported clinical trial sites.
- d. Perform quality control or assessment of clinical trial data management activities.
- e. Provide technical support (to include validation of existing systems) and assessment advice to the sites as related to data management services (example, assist clinical trial sites in implementation of novel data management systems).
- f. Provide comprehensive data management services to support licensure for future Network and non-Network clinical trials. The Contractor shall interface with Network and non-Network Data Management Centers as well as the DAIDS-ES system. The Contractor shall have the capability to provide:
 - 1) Case Report Form Design, Printing, Distribution, Collection, and Analysis
 - 2) Data Management Manuals
 - 3) Data Validation Specifications

- 4) Database Validation
- 5) Database Design
- 6) Data Receipt, Logging, and Tracking
- 7) Data Entry (remote, traditional and optimal use of data collection technologies such as Web, biometric, facsimile, voice or pen)
- 8) Data Processing
- 9) Data Listings and Tables
- 10) Data Analysis
- 11) Data Quality Assurance/Quality Control
- 12) MEDRA Coding and Associated Activities

2. DATA AND SAFETY MONITORING BOARD (DSMB)

The Contractor shall:

- a. Assist DAIDS in constituting and supporting DSMBs to include formulating a listing of potential members, contacting potential members, composing and distributing agendas and meeting summaries, and forwarding CVs of potential members within three (3) months of receipt of requirement.
- b. Coordinate travel and logistical arrangement for DSMB meetings and conference calls. This will include international travel arrangements and DSMB meetings in non-US settings.
- c. Provide additional services as required to support DSMBs (such as the preparation and distribution of meeting materials).
- d. Provide honoraria and reimburse DSMB members and ad hoc medical/scientific experts for travel expenses in accordance with the Government Travel Regulations (GTR).

3. BIOSTATISTICAL ASSISTANCE

The Contractor shall provide biostatistical assistance for Network and non-Network clinical trials. The Contractor shall either interface with Data Management Centers for special biostatistical support or provide biostatistical support for selected non-Network trials. The Contractor shall:

- a. Provide biostatistical input into protocol design.
- b. Provide interim analysis plans for ongoing trials.
- c. Perform data analysis for interim review.
- d. Provide data analyses for DSMB report preparation.
- e. Formulate detailed study monitor plan according to DAIDS guidelines.
- f. Generate biostatistical section of Clinical Study Report.
- g. Generate input for ad hoc reports.

4. LABORATORY SUPPORT AND SPECIALIZED STUDIES

The Contractor shall provide routine laboratory monitoring services for non-Network Phase I, II and III trials, or for specific specialized laboratory monitoring, to include safety laboratory assessments (tests needed to monitor health and safety of enrolled study participants) and research laboratory clinical trial endpoints. The Contractor shall interface with Network and non-Network Central Laboratories, clinical units and their individual laboratories, during the performance of each task specified below.

- a. Provide routine laboratory support services to achieve safety laboratory testing, shipping and reporting for Phase I, II and III IND trials.
- b. Coordinate and implement quality assurance training and quality assurance programs for laboratory services (SOP development, compliance activities) with DAIDS contractors.

- c. Negotiate agreements with specialized laboratory facilities to provide routine or specialized immunogenicity tests (ELISA, ELISPOT, multi-color flow cytometry, antibody neutralization) and/or protocol laboratory assessments (such as viral load or CD4 tests).
- d. Assist in non-U.S. laboratory infrastructure development to include identification of equipment needs, training in laboratory procedures, and actual laboratory set-up. Costs associated with the purchase of equipment, materials and supplies shall be borne directly by the site. Laboratories may be regional or site-by-site.
- e. Perform GLP, GMP or routine audits to laboratories and provide an action plan for item resolution. Plans shall be submitted to the Project Officer within six (6) weeks of a GLP or GMP visit.
- f. Assist laboratories in the conversion of Research and Development assays associated with Phase I/II into validated assays that meet the requirements for FDA licensure. Provide a variety of consultative services to assist in the transitioning of clinical end-point assays into high through-put assays (needed for Phase III for field testing and large scale trials).
- g. Visit sites on an “as needed” basis to insure the appropriate conduct of safety laboratories and specimen shipping.
- h. Assist sites in joining a proficiency-testing program for selected laboratory tests. The Contractor will work directly with DAIDS-funded contractors to complete this task.

5. STUDY DOCUMENT AND MEDICAL WRITING

The Contractor shall provide medical writing and document support to non-Network trials on an infrequent basis, and upon special request, for Network-based.

The Contractor shall implement an efficient process for the development and quality assurance of documents needed for the life cycle of DAIDS clinical trials (IND and non-IND). Documents shall be delivered to the Project Officer in a timely manner; exact times will depend upon the nature of the document and will be discussed in advance with the Project Officer. These documents shall include:

- a. Clinical development plans.
- b. Protocols, protocol amendments and clarifications.
- c. Investigator brochure and updates.
- d. Study manuals.
- e. Source documentation guidelines.
- f. Study-specific procedures.
- g. Case report forms with data management review and case report instructions.
- h. Informed consent.
- i. Integrated clinical/statistical reports.
- j. Study reports for a range of scientific and lay audiences.
- k. Clinical study reports (trial conclusion).
- l. Abstracts, manuscripts and journal articles.

6. PHARMACY SUPPORT AND PRODUCT/AGENT DISTRIBUTION

The Contractor shall provide pharmacy support services for Network and non-Network trials and specialized protocols that may require product distribution support. Activities shall include:

- a. Serve as a central pharmacy repository and distribution facility, and establish links with designated pharmaceutical companies to arrange for drug receipt for DAIDS-funded Phase I, II and III trials.
- b. Receive, maintain (at appropriate temperature and storage conditions), manage, label, package and distribute study drug to international sites in accordance with U.S. and host country regulations.

- c. Implement bar-coding systems and other state-of-the-art mechanisms to insure the quality of pharmacy shipping and for the entire pharmacy product distribution and storage process.
- d. Perform on-site pharmacy audits upon requirement by the Project Officer and deliver reports within six (6) weeks of visit completion.
- e. Insure that appropriate quality control mechanisms are in place as they relate to shipping, storage, management and destruction.
- f. Secure the appropriate import/export licenses and assure appropriate handling and storage conditions, drug accountability and cold chain.
- g. Review pharmacy components of site monitoring reports and make recommendations to sites, investigators and other relevant parties for resolution of problems.
- h. Review and approve site pharmacy capabilities prior to shipment.
- i. Maintain product supply accountability with monthly total reports -- supply out/supply in, total supply -- in order to balance accountability on a monthly basis and to ensure that each trial participant will be assured of the presence of study drug. Monthly accounting reports shall be due to the Project Officer upon the tenth (10th) calendar day of each month.

7. SPECIALIZED DOMESTIC AND INTERNATIONAL CLINICAL TRIAL MATERIAL SHIPPING

Provide support for the shipping of laboratory specimens and other items (equipment, etc.) during the conduct of clinical trials. Specifically, the Contractor shall:

- a. Provide support for specimen processing, handling and shipment, including working with specified DAIDS personnel on specimen and shipping processes and providing personnel with expertise and experience in U.S. customs and international shipping, import/export practices.
- b. Import laboratory supplies, reagents, and other consumable supplies into the country with chain of custody documentation as well as proof of maintenance of cold chain, when applicable. Design and implement bar-coding to track shipments.
- c. Provide advice regarding shipping timelines and problems in particular areas, with an emphasis on clinical trial related materials from/to Africa, Asia, Eastern Europe and India.
- d. Procure shipping containers and commercial shippers for the transfer and shipping of international samples.
- e. Monitor International Air Transportation Association (IATA) certification and compliance for clinical sites.

8. COMMUNICATION SERVICES

Provide communication services to the sites including the genesis of ongoing communication support and materials with multiple language capability. All communication materials must be approved by the Project Officer prior to dissemination. Specifically, the Contractor shall:

- a. Provide translations of a variety of protocol-related materials into Spanish, French, Portuguese, Chinese, African dialect and other dialects, as needed. Provide back-translations of informed consents. Depending upon the complexity of the translation, deliverables shall be forwarded to the Project Officer within four (4) weeks of receipt of requirement.
- b. Provide technical consultation with regards to communication services with the press in advance of large scale trial initiation.
- c. Provide technical input into the preparation of Press Releases.

- d. Prepare clinical trial volunteer education materials in a variety of media.
- e. Assist sites in the development of radio and television commercials with suggestions of relevant content/message.
- f. Prepare other printed media, as required.
- g. Provide web sites, as required, while interfacing and linking with relevant entities and sites.

9. VOLUNTEER RECRUITMENT AND RETENTION SERVICES

Provide volunteer recruitment and retention services for DAIDS-sponsored clinical trials. The Contractor shall generate innovative and culturally appropriate materials. Specifically, the Contractor shall assist the sites as follows:

- a. Develop media based recruitment materials.
- b. Provide participant awards/incentives (as culturally appropriate).
- c. Develop and implement innovative mechanisms to track interest and retention.
- d. Track retention, missed visits and exclusion data for future improvements.
- e. Provide web-based and printed media to communicate with patients on study.

10. VOLUNTEER COUNSELING AND RELATED SERVICES

Support volunteer counseling and related services for DAIDS-sponsored clinical trials, working with site investigators and Networks. Activities shall include:

- a. Generating culturally appropriate materials for individuals who volunteer to be tested for HIV.
- b. Support training and develop counseling strategies and information (including translated information) for treatment services.
- c. Develop counseling programs and educational materials for subjects enrolling in clinical trials.
- d. Implement train the trainer programs including “train the counselor.”
- e. Prepare booklets for front line staff (example: generate booklet for staff to understand and explain “HIV and its complications”).

C. CLINICAL TRIALS COMPLIANCE

1. TRAINING

The Contractor shall provide services to support clinical trials related training, or shall participate in the training for both DAIDS Network and non-Network sites. A primary goal will be the harmonization of DAIDS training courses (Network and non-Network.)

- a. Prepare both routine and trial-specific training materials to educate clinical trial personnel on the appropriate conduct of clinical trials. This shall include training in:
 - 1) Protocol specifics.
 - 2) Good Clinical Practices.
 - 3) Good Laboratory Practices.
 - 4) Institutional Review Boards (emphasis on resource-constrained settings).

- 5) Specific laboratory techniques.
 - 6) Pharmacy/product handling/accountability.
 - 7) FDA audit.
 - 8) Scientific training on specific topics.
 - 9) Human Subjects Protection.
 - 10) International Air Transport Association (IATA) training or Saf-T-Pak IRB/IEC.
 - 11) SAE Reporting.
 - 12) Antiretroviral management and expected toxicities.
- b. Provide meeting management support for training courses for site personnel and DAIDS funded attendees and speakers. Support shall include:
 - 1) On-line meeting management.
 - 2) Invitations.
 - 3) Agenda.
 - 4) Minutes.
 - 5) Transportation arrangements (air, ground, per diem).
 - 6) Reimbursements of travel for site personnel and trainees (per diem) and provision of honoraria for trainers.
 - c. Provide simultaneous translation services at training sessions and translations of written training materials.
 - d. Perform needs assessment to determine training requirements of personnel and the most suitable and efficient mode of providing training (e.g. telephone, on-site, written materials, web-based).
 - e. Develop, distribute and update training materials. Training materials and updates shall be presented to the Project Officer for approval prior to distribution and shall be submitted within eight (8) weeks of receipt of requirement.
 - f. Develop a web-based mechanism to catalogue, maintain and update electronic training materials for easy web access and utilization by sites. This web-based mechanism shall be due to the Project Officer within six (6) months of the contract award date.
 - g. Establish a central training documentation mechanism to record and report status of training activities for investigators and staff, via a training website, including, for example, the completion of each training course for each designated individual within each Network. This central training documentation mechanism shall be submitted to the Project Officer within six (6) months of contract award date.

2. SPECIALIZED REGULATORY SUPPORT AND ACTIVITIES

The Contractor shall work with the DAIDS regulatory support contractor on certain Network and non-Network tasks or assist the DAIDS in “stand-alone” regulatory support. As such, the Contractor shall be prepared to provide a broad range of regulatory support throughout the cycle of Phase I, II and III trials. Regulatory support and consultation shall include:

- a. Pre-Investigational New Drug (IND) support and materials compilation.
- b. Provide logistical support and serve as a liaison between the Network protocol teams, DAIDS, the FDA, and in-country regulatory entities at international sites where trials are to be conducted, relative to regulatory submission of protocol documents, regulatory review and approvals, and other regulatory tasks.
- c. IND support and materials compilation.
- d. End of Phase II (and clinical trial) support, compilation of materials and presentation assistance.
- e. Preparation and compilation of materials for New Drug Application (NDA).
- f. Preparation and compilation of materials for Biologics License Application (BLA).

- g. Listing of international ethics committees where trials are to be conducted (for example, how many and what ethics committees does South Africa have for HIV drug trials). This listing shall be submitted to the Project Officer within eight (8) weeks of the contract award date.
- h. Facilitate and track submission of site documents through local Ethics Committees and regulatory authorities.
- i. Compilation of local country regulatory requirements (by country). This compilation shall be submitted to the Project Officer within eight (8) weeks of receipt of requirement.
- j. Attendance and advice at routine and non-routine meetings with the Food and Drug Administration.
- k. Assistance in the preparation, compilation and submission of non-U.S. Marketing applications.
- l. Long-term storage of documents as dictated by U.S. Federal regulations.

3. MONITORING/AUDITING/ QUALITY ASSURANCE SUPPORT

The Contractor shall perform monitoring and related services, including monitoring visits, specialized auditing visits, GCP, GLP and GMP visits, for DAIDS-funded trials and sites, as well as selected laboratory/manufacturing facilities. **Staff utilized for monitoring must be independent of site management staff and must have separate reporting lines of authority.** In support of monitoring and Quality Assurance (QA) activities, the Contractor shall perform, conduct and report results of Site Monitoring visits.

- a. GCP monitoring information reviewed and collected shall include at a minimum:
 - 1) Defined record review (agreed upon between DAIDS and the Contractor).
 - 2) Assessment of site internal Quality Assurance procedures.
 - 3) Review of a pre-determined number of Case Report Forms (CRFs) and Informed Consents.
 - 4) Adherence to GCP.
 - 5) Adherence to Source Documentation Guidelines.
 - 6) Completeness of regulatory binder.
 - 7) Pharmaceutical product accountability.
 - 8) Facility Operations.
 - 9) Follow-up actions (if authorized by the Project Officer).
 - 10) Detailed monitor report with executive summary due within three (3) weeks of visit completion.
- b. Review monitoring reports generated by other DAIDS contractors. Work with grantees/contractors and establish links with the DAIDS-ES to secure monitoring reports and import the data/information into a database using commercial software. Generate a SOP for monitor report review within four (4) weeks after contract award.
- c. Design, implement and manage a web-based database to track monitoring visits and action items, deficiencies, and resolution(s). This shall be performed in cooperation with the DAIDS-Enterprise System. Tracking shall include:
 - 1) syntheses of information,
 - 2) patient record,
 - 3) problems and trends at sites or trends within studies,
 - 4) regulatory deficiencies,
 - 5) pharmaceutical storage/dispensing deficiencies,
 - 6) informed consent violations,
 - 7) protocol violations,
 - 8) operational non-compliance (lack of SOPs, eroding infrastructure), and
 - 9) Investigator and/or DAIDS/contractor correspondence (storing electronic copies of actual correspondence).

- d. Provide monthly reports of monitoring deficiencies, by site and by protocol, with recommendations to the Project Officer (or designee), and work with site to correct deficiencies. Reports shall be due the 5th (fifth) calendar day of each month. Assistance shall include:
 - 1) Design, manage and update of a database to note trends in monitoring problems and flag unresolved problems.
 - 2) Communication with sites to correct deficiencies.
 - 3) Provision of additional training or local support to correct problems.
 - 4) Provision of visits from an operational “assistance” team (separate from the routine monitoring team) and answering protocol-specific questions or general questions, or forwarding questions to the appropriate resource (e.g. a regulatory question from the site will be forwarded to the Contractor’s regulatory expert).
- e. Provide quality assurance and up to 100 % auditing of previously monitored work (utilizing different personnel).
- f. Provide Phase III audit and associated standard practices to issue a standard “audit certificate” in advance of submitting trial results prior to licensure.

4. SAFETY MONITORING

The Contractor shall provide safety monitoring services for selected trials to assist both site and DAIDS’ staff in compliance with AE/SAE reporting requirements in partnership with established systems within the DAIDS-supported Networks. The Contractor shall also have the capability to work independently and provide all aspects of safety monitoring. Associated activities shall include:

- a. Provide for medical review of AE/SAE and generate draft and final safety reports.
- b. Provide SOPs for AE review and AE/SAE flow process.
- c. Provide physician coverage/consultation to the sites as well as to DAIDS and trial staff.
- d. Define an interface/communication plan and guidelines prior to study initiation as it relates to safety reporting in the event safety monitoring may be provided by DAIDS and existing contractor(s).
- e. Transmit Serious Adverse Event (SAE) reports to DAIDS personnel and additional designated entities such as IRBs, DSMBs, and other entities to be determined.
- f. Provide support to DAIDS Medical Monitors in review and reporting of adverse events (e.g. report preparation, narratives, assessment).

[END OF STATEMENT OF WORK]

TASK REQUEST FORM -
PERFORMANCE OF NON-CORE FUNCTION

Task No: _____ Modification No.: _____ Task Initiator: _____

Non-Core Function: [See box checked below] Date Prepared: _____

-
- ☐ Site Management Activities
 - ☐ Site Identification/Assessment
 - ☐ Site Preparation
 - ☐ Site Coordination
 - ☐ Site Evaluation
 - ☐ Financial Management
 - ☐ Staff Recruitment
 - ☐ Equipment and Facilities Management
 - ☐ On-the-Ground Oversight
-

- ☐ Clinical Trials Management Activities
 - ☐ Data Management
 - ☐ Data and Safety Monitoring Board Support
 - ☐ Biostatistical Support
 - ☐ Laboratory Support and Specialized Studies
 - ☐ Medical Writing/Document Generation
 - ☐ Project Management
 - ☐ Specialized Clinical Trial Material Shipping
 - ☐ Pharmacy Support
 - ☐ Communication Services
 - ☐ Volunteer Recruitment and Retention Services
 - ☐ Volunteer Counseling and Related Services
-

- ☐ Clinical Trials Compliance Activities
 - ☐ Training
 - ☐ Specialized Regulatory Support Activities
 - ☐ Monitoring/Auditing/Quality Assurance Support
 - ☐ Safety Monitoring

TASK REQUEST FORM -
PERFORMANCE OF NON-CORE FUNCTION

Part I. INITIATOR'S REQUEST

A. Period of Performance: From: _____ To: _____

B. Description of Non-Core Function:

C. Task Leader

D. Deliverables

E. Response Due Date: _____

TASK REQUEST FORM -
PERFORMANCE OF NON-CORE FUNCTION

Task No: _____ Modification No.: _____ Task Initiator: _____

Non-Core Function: [See Box checked on page 1 of Form] Date Prepared: _____

PART II. CONTRACTOR'S PROPOSAL FOR TASK

(The Contractor may attach additional sheets to this form to present requested data.)

A. Estimated Cost and Effort

1. Labor hours - list Task leader, specific individuals to be assigned, labor category, and estimated hours for each.
2. Labor costs - list by labor category and total.
3. Employee benefits.
4. Direct materials
5. Travel
6. Subcontracts
7. Other direct costs
8. Indirect costs
9. Total estimated costs for this Task

B. Detailed description of the approach to be used and of the deliverable(s). (Be specific.)

APPROVAL TO PROCEED: The Contractor shall not exceed the estimated labor hours, estimated cost of task, or change the Task Leader without the prior written approval of the Project Officer and the Contracting Officer.

1. For the Contractor: _____ Date: _____
(Signature)

Typed name: _____

2. For the Government: _____ Date: _____
(Project Officer)

_____ Date: _____
(Contracting Officer)

TASK REQUEST FORM -
PERFORMANCE OF NON-CORE FUNCTION

Task No: _____ Modification No.: _____ Task Initiator: _____

Non-Core Function: [See Box checked on page 1 of Form] Date Prepared: _____

PART III. CONTRACTOR'S REPORT OF TASK PERFORMANCE

(The Contractor may attach additional sheets to this form to present the requested data.)

A. Actual Cost and Effort

1. Labor hours - list specific assigned individuals, labor category, and actual hours worked.
2. Labor costs - list labor category, individual, and total amount.
3. Employee benefits
4. Direct Materials
5. Travel
6. Subcontracts
7. Other direct costs
8. Indirect costs
9. Total costs for this Task.

B. Report of Deliverables

REVIEW AND APPROVAL OF SATISFACTORY PERFORMANCE

The signatures below indicate that the services/products required under Task No. _____ has been delivered, received and satisfactorily meet the requirements of this Task.

1. For the Contractor: _____ Date: _____
(Signature)

Typed name: _____

2. For the Government: _____ Date: _____
(Project Officer)

_____ Date: _____
(Contracting Officer)

REPORTING REQUIREMENTS AND OTHER DELIVERABLES

In addition to those reports required by the other terms of this contract, the Contractor shall prepare and submit the following reports in the manner stated below and in accordance with ARTICLE F.1. DELIVERIES of this contract:

All reports shall be submitted as hard copies and in electronic form as computer files. Files shall be sent by e-mail or on computer discs (CDs) by U.S. mail or courier service. All reports shall be archived on 3.5 inch discs or other appropriate media for delivery to the Government at the completion of the contract.

TECHNICAL REPORTS

a. Quarterly Technical Progress Reports

The Contractor shall submit Quarterly Technical Progress Reports that summarize:

- progress to date in each task area;
- listings of protocol(s) and activities;
- listings of major contract(s);
- listing of personnel; and
- narrative of future plans and impediments to progress.

The first reporting period shall consist of the first full quarter of performance plus any fractional part of the initial month of the contract and be due on the 30th of the month following each quarterly period. Thereafter, the reporting period shall consist of each calendar quarter.

b. Semiannual Technical Progress Reports

The Contractor shall submit Semiannual Technical Progress Reports that summarize the activities completed by the Contractor in the preceding six-month period. The first reporting period consists of the first full six-month of performance plus any fractional part of the initial month of the contract and shall be due on the 30th of the month following each semiannual reporting period. Thereafter, the reporting period shall consist of each six-month calendar period. A Semiannual Report shall not be required when submitting the Final Report.

Semiannual reports shall be composed of:

- 1) A cover page containing:
 - a) contract title and number;
 - b) period of performance being reported;
 - c) contractor's name and address; and
 - d) date of submission.
- 2) A table of contents.
- 3) Summary tables of results during the preceding six-month period.
- 4) A discussion of technical and administrative problems encountered, their resolution or proposed corrective action; explanation of differences between planned progress and actual progress.
- 5) Selected other additional information as may be required by the Project Officer.

c. Annual Site Visit

During the final quarter of each contract year, the Contractor shall host a site visit review for NIAID contract and program staff. This meeting shall be attended by the Contractor's Lead Administrator and all Key Personnel. These presentations shall include summaries of all goals or milestones reached during the review period and include a description of all problems encountered that will impact the achievement of particular goals as outlined in the Contractor's research plan. The Administrator and project staff representing each project and sub-project shall describe goals and objectives for the coming year. Additionally, application of the policies and procedures for monitoring the direction of specific projects shall be presented. A report of the plan for and results of this site visit shall be prepared by the Contractor and submitted to the Project Officer (in hard copy and digital medium) and the Contracting Officer (original hard copy) within 30 days of completion of the site visit.

d. Final Report and Summary of Salient Results

This report is to include a summation of the work performed and results obtained for the entire contract period of performance. This report shall be in sufficient detail to describe comprehensively the results achieved. The Final Report shall be submitted in accordance with ARTICLE F.1. DELIVERIES of this contract. A semiannual report will not be required for the period when the Final Report is due.

The Final Report shall be prepared in the same format and contain the same information required for the Semiannual Report and in addition provide:

- 1) a brief description of any unfinished projects;
- 2) a status report on transition or shut down activities; and
- 3) a summary (not to exceed 200 words) of salient results achieved during the performance of the contract.

e. Other Deliverables (to Project Officer only)

The second table, below, identifies the other deliverables that are identified throughout the Statement of Work, under ARTICLE C.2., that are to be submitted only to the Project Officer during the entire contract period of performance.

Technical Reports to Contracting Officer and Project Officer			
Deliverable	No. of Copies	Addressee	Due Dates
Quarterly Technical Progress Report	3 Copies 1 Original	Project Officer Contracting Officer	Due on/before the 30 th of the month following each quarterly period.
Semiannual Technical Progress Report	3 Copies 1 Original	Project Officer Contracting Officer	Due on/before the 30 th of the month following each six-month period.
Annual Site Visit	3 Copies 1 Original	Project Officer Contracting Officer	Within 30 calendar days after the completion of each site visit.
Final Report and Summary of Salient Results	3 Copies 1 Original	Project Officer Contracting Officer	On/before the completion date of the contract.

Other Deliverables – to Project Officer		
SECTION 1 – CORE FUNCTIONS: Statement of Work		
Deliverable	Due Date	Paragraph Reference
Standardized Policies and Procedures for contract operations	Within 4 months after effective date of contract	A.4.
Standardized Clinical Trial SOPs	Within 6 months after effective date of contract	A.5.
Monthly and Special Administrative/Operational Reports. Cumulative when applicable	Due on/before 10 working days following each calendar month.	A.11.
Cumulative Monthly Subcontract Financial Performance Report	Within 2 weeks following each calendar month	B.6.
Quarterly Subcontractor Technical Performance Reports	Within 2 weeks following each quarter	B.7.
Initial Transition Plan	Within 24 months after the effective date of the contract	C.
Final Transition Plan	Due 12 months prior to contract completion date.	C.
SECTION 2 – NON-CORE FUNCTIONS: Statement of Work		
Deliverable	Due Date	Paragraph Reference
Site Identification/Assessment Visit Report Template	On/before 8 weeks after receipt of requirement	A.1.a.
Site Identification/ Assessment Site Visit Report	Within 20 working days after completion of site visit.	A.1.b.
Site Preparation Visit Report Template	On/before 8 weeks after receipt of requirement	A.2.a.
Site Preparation Visit – Issues and Resolutions	On/before 8 weeks after Site Preparation visit.	A.2.d.
Site Readiness Checklist and Communication Plan	Within 8 weeks after receipt of requirement.	A.2.e.
Overall Clinical Trial Compliance Plan	Within 12 weeks after receipt of requirement	A.2.g.
Standardized Administrative SOPs for Site Coordination Practices	Within 4 months after receipt of requirement	A.3.a.
Maintain central listing of DAIDS funded sites and Networks	Within 8 weeks after receipt of requirement. -- Updated on a quarterly basis thereafter.	A.3.b.
Written Procedures, Policies and Guidelines for multi-Network Evaluations	Within 6 months after receipt of requirement	A.4.d.
Site Comparison Report Format	Within 3 months after contract effective date.	A.4.g.
Site Comparison Reports	Within 10 days after each Quarterly or Annual reporting period	A.4.g.
Site Expenditure Reports	Due Monthly and shall be cumulative	A.5.c.
Position Descriptions	Within 6 weeks after receipt of requirement	A.6.b.
Procedures for sites to communicate staffing needs	Within 6 weeks after receipt of requirement	A.6.c.
Site Oversight Report	Due Monthly. Issues shall remain open in each report until resolved.	A.8.c.

SECTION 2 – NON-CORE FUNCTIONS: Statement of Work (Cont'd)		
Deliverable	Due Date	Paragraph Reference
DSMB Participant Listing – Forwarding CVs of potential members	Within 3 months after receipt of requirement	B.2.a.
GLP Audit Action Plan for Item Resolution	Within 6 weeks of visit completion.	B.4.e.
On-Site Pharmacy Audit Reports	Within 6 weeks after completion of visit	B.6.d.
Monthly Product Supply Accountability Reports	On/before 10 th calendar day of each month	B.7.i.
Translated Protocol-related Materials. Back-up translations of informed consents.	Within 4 weeks after receipt of requirement	B.8.a.
Training Materials	Within 8 weeks after receipt of requirement	C.1.e.
Web-based Mechanism for Training Materials	Within 6 months after effective date of contract	C.1.f.
Centralized Training Website	Within 6 months after effective date of contract	C.1.g.
Listing of International Ethics Committee	Within 8 weeks after effective date of contract	C.2.g.
Compilation of local country regulatory requirements	Within 8 weeks after receipt of requirement	C.2.i.
Detailed Monitor Report	Within 3 weeks after completion of visit	C.3.a.10)
SOP for Monitor Report Review	Within 4 weeks after contract effective date	C.3.b.
Monthly Monitoring Deficiency Report	On/before 5 th calendar day of each month	C.3.d.

PART I - THE SCHEDULE

SECTIONS B - H -- UNIFORM CONTRACT FORMAT - GENERAL

A Sample Uniform Contract Format may be found at the following website:

<http://rcb.cancer.gov/rcb-internet/wkf/sample-contract.htm>

PART II – CONTRACT CLAUSES

SECTION I - CONTRACT CLAUSES

THE FOLLOWING PAGES CONTAIN A LISTING(S) OF GENERAL CLAUSES WHICH WILL BE APPLICABLE TO MOST CONTRACTS RESULTING FROM THIS RFP. HOWEVER, THE ORGANIZATIONAL STRUCTURE OF THE SUCCESSFUL OFFEROR(S) WILL DETERMINE THE SPECIFIC GENERAL CLAUSES LISTING TO BE CONTAINED IN THE CONTRACT(S) AWARDED FROM THIS RFP.

ARTICLE I.1. GENERAL CLAUSES FOR A COST-REIMBURSEMENT RESEARCH AND DEVELOPMENT CONTRACT – FAR 52.252-2, CLAUSES INCORPORATED BY REFERENCE (FEBRUARY 1998)

This contract incorporates the following clauses by reference, with the same force and effect as if they were given in full text. Upon request, the Contracting Officer will make their full text available. Also, the full text of a clause may be accessed electronically at this URL: <http://www.arnet.gov/far/>.

a. FEDERAL ACQUISITION REGULATION (FAR) (48 CHAPTER 1) CLAUSES

FAR

<u>Clause No.</u>	<u>Date</u>	<u>Title</u>
52.202-1	Dec 2001	Definitions
52.203-3	Apr 1984	Gratuities (Over \$100,000)
52.203-5	Apr 1984	Covenant Against Contingent Fees (Over \$100,000)
52.203-6	Jul 1995	Restrictions on Subcontractor Sales to the Government (Over \$100,000)
52.203-7	Jul 1995	Anti-Kickback Procedures (Over \$100,000)
52.203-8	Jan 1997	Cancellation, Rescission, and Recovery of Funds for Illegal or Improper Activity (Over \$100,000)
52.203-10	Jan 1997	Price or Fee Adjustment for Illegal or Improper Activity (Over \$100,000)
52.203-12	Jun 2003	Limitation on Payments to Influence Certain Federal Transactions (Over \$100,000)
52.204-4	Aug 2000	Printing/Copying Double-Sided on Recycled Paper (Over \$100,000)
52.204-7	Oct 2003	Central Contractor Registration
52.209-6	Jul 1995	Protecting the Governments Interests When Subcontracting With Contractors Debarred, Suspended, or Proposed for Debarment (Over \$25,000)
52.215-2	Jun 1999	Audit and Records - Negotiation (Over \$100,000)
52.215-8	Oct 1997	Order of Precedence – Uniform Contract Format
52.215-10	Oct 1997	Price Reduction for Defective Cost or Pricing Data
52.215-12	Oct 1997	Subcontractor Cost or Pricing Data (Over \$500,000)
52.215-14	Oct 1997	Integrity of Unit Prices (Over \$100,000)
52.215-15	Jan 2004	Pension Adjustments and Asset Reversions
52.215-18	Oct 1997	Reversion or Adjustment of Plans for Post-Retirement Benefits (PRB) other than Pensions
52.215-19	Oct 1997	Notification of Ownership Changes
52.215-21	Oct 1997	Requirements for Cost or Pricing Data or Information Other Than Cost or Pricing Data - Modifications
52.216-7	Dec 2002	Allowable Cost and Payment

52.216-8	Mar 1997	Fixed Fee
52.219-8	May 2004	Utilization of Small Business Concerns (Over \$100,000)
52.219-9	Jan 2002	Small Business Subcontracting Plan (Over \$500,000)
52.219-16	Jan 1999	Liquidated Damages - Subcontracting Plan (Over \$500,000)
52.222-2	Jul 1990	Payment for Overtime Premium (Over \$100,000) (NOTE: The dollar amount in paragraph (a) of this clause is \$0 unless otherwise specified in the contract.)
52.222-3	Jun 2003	Convict Labor
52.222-26	Apr 2002	Equal Opportunity
52.222-35	Dec 2001	Equal Opportunity for Special Disabled Veterans, Veterans of the Vietnam Era, and Other Eligible Veterans
52.222-36	Jun 1998	Affirmative Action for Workers with Disabilities
52.222-37	Dec 2001	Employment Reports on Special Disabled Veterans, Veterans of the Vietnam Era, and Other Eligible Veterans
52.223-6	May 2001	Drug-Free Workplace
52.223-14	Aug 2003	Toxic Chemical Release Reporting (Over \$100,000)
52.225-1	Jun 2003	Buy American Act - Supplies
52.225-13	Dec 2003	Restrictions on Certain Foreign Purchases
52.227-1	Jul 1995	Authorization and Consent, Alternate I (Apr 1984)
52.227-2	Aug 1996	Notice and Assistance Regarding Patent and Copyright Infringement (Over \$100,000)
52.227-11	Jun 1997	Patent Rights - Retention by the Contractor (Short Form) (NOTE: In accordance with FAR 27.303 (a) (2), paragraph (f) is modified to include the requirements in FAR 27.303 (a) (2) (i) through (iv). The frequency of reporting in (i) is annual.
52.227-14	Jun 1987	Rights in Data – General
52-232-9	Apr 1984	Limitation on Withholding of Payments
52.232-17	Jun 1996	Interest (Over \$100,000)
52.232-20	Apr 1984	Limitation of Cost
52.232-23	Jan 1986	Assignment of Claims
52.232-25	Oct 2003	Prompt Payment, Alternate I (Feb 2002)
52.232-33	Oct 2003	Payment by Electronic Funds Transfer--Central Contractor Registration
52.233-1	July 2002	Disputes

52.233-3	Aug 1996	Protest After Award, Alternate I (June 1985)
52.242-1	Apr 1984	Notice of Intent to Disallow Costs
52.242-3	May 2001	Penalties for Unallowable Costs (Over \$500,000)
52.242-4	Jan 1997	Certification of Final Indirect Costs
52.242-13	Jul 1995	Bankruptcy (Over \$100,000)
52.243-2	Aug 1987	Changes - Cost Reimbursement, Alternate V (Apr 1984)
52.244-2	Aug 1998	Subcontracts, Alternate II (Aug 1998) *If written consent to subcontract is required, the identified subcontracts are listed in ARTICLE B., Advance Understandings.
52.244-5	Dec 1996	Competition in Subcontracting (Over \$100,000)
52.245-5	May 2004	Government Property (Cost-Reimbursement, Time and Material, or Labor Hour Contract)
52.246-23	Feb 1997	Limitation of Liability (Over \$100,000)
52.249-6	Sep 1996	Termination (Cost-Reimbursement)
52.249-14	Apr 1984	Excusable Delays
52.253-1	Jan 1991	Computer Generated Forms

b. DEPARTMENT OF HEALTH AND HUMAN SERVICES ACQUISITION REGULATION (HHSAR) (48 CFR CHAPTER 3) CLAUSES

HHSAR

<u>Clause No.</u>	<u>Date</u>	<u>Title</u>
352.202-1	Jan 2001	Definitions - with Alternate paragraph (h) (Jan 2001)
352.216-72	Oct 1990	Additional Cost Principles
352.228-7	Dec 1991	Insurance - Liability to Third Persons
352.232-9	Apr 1984	Withholding of Contract Payments
352.233-70	Apr 1984	Litigation and Claims
352.242-71	Apr 1984	Final Decisions on Audit Findings
352.270-5	Apr 1984	Key Personnel
352.270-6	Jul 1991	Publication and Publicity
352.270-7	Jan 2001	Paperwork Reduction Act

END OF GENERAL CLAUSES FOR A COST-REIMBURSEMENT RESEARCH
AND DEVELOPMENT CONTRACT – Rev. 5/2004]

ARTICLE I.2. AUTHORIZED SUBSTITUTIONS OF CLAUSES

Any authorized substitutions and/or modifications other than the General Clauses which will be based on the type of contract/Contractor will be determined during negotiations.

It is expected that the following clause(s) will be made part of the resultant contract:

ALTERNATE IV (OCTOBER 1997) of FAR Clause 52.215-21, REQUIREMENTS FOR COST OR PRICING DATA OR INFORMATION OTHER THAN COST OR PRICING DATA--MODIFICATIONS (OCTOBER 1997) is added.

ALTERNATE II (OCTOBER 2001) of FAR Clause 52.219-9, SMALL BUSINESS SUBCONTRACTING PLAN (JANUARY 2002) is added.

FAR Clause 52.232-20, LIMITATION OF COST, is deleted in its entirety and FAR Clause 52.232-22, LIMITATION OF FUNDS (APRIL 1984) is substituted therefor. **[Note: When this contract is fully funded, FAR Clause 52.232-22, LIMITATION OF FUNDS will no longer apply and FAR Clause 52.232-20, LIMITATION OF COST will become applicable.]**

ARTICLE I.3. ADDITIONAL CONTRACT CLAUSES

Additional clauses other than those listed below which are based on the type of contract/Contractor shall be determined during negotiations. Any contract awarded from this solicitation will contain the following:

This contract incorporates the following clauses by reference, (unless otherwise noted), with the same force and effect as if they were given in full text. Upon request, the Contracting Officer will make their full text available.

a. FEDERAL ACQUISITION REGULATION (FAR) (48 CFR CHAPTER 1) CLAUSES

FAR 52.215-17, Waiver of Facilities Capital Cost of Money (OCTOBER 1997).

FAR 52.219-4, Notice of Price Evaluation Preference for HUBZone Small Business Concerns (JANUARY 1999).

"(c) Waiver of evaluation preference.....

[] Offeror elects to waive the evaluation preference."

FAR 52.219-23, Notice of Price Evaluation Adjustment for Small Disadvantaged Business Concerns (MAY 2001).

"(b) Evaluation adjustment. (1) The Contracting Officer will evaluate offers by adding a factor of 10 percent to the price of all offers, except--..."

FAR 52.219-25, Small Disadvantaged Business Participation Program--Disadvantaged Status and Reporting (OCTOBER 1999).

FAR 52.224-1, Privacy Act Notification (APRIL 1984).

FAR 52.224-2, Privacy Act (APRIL 1984).

FAR 52.225-8, Duty-Free Entry (FEBRUARY 2000).

FAR 52.227-14, Rights in Data - General (JUNE 1987)

Alternate V (JUNE 1987), FAR 52.227-14, Rights in Data--General (JUNE 1987).

Specific data items that are not subject to paragraph (j) include: NONE.

FAR 52.229-9, Taxes-Cost-Reimbursement Contracts with Foreign Governments (MARCH 1990).

FAR 52.230-2, Cost Accounting Standards (APRIL 1998).

FAR 52.230-6, Administration of Cost Accounting Standards (NOVEMBER 1999).

FAR 52.239-1, Privacy or Security Safeguards (MAY 2001).

FAR 52.242-3, Penalties for Unallowable Costs (OCTOBER 1995).

FAR 52.246-23, Limitation of Liability (FEBRUARY 1997)

FAR 52.247-63, Preference for U.S. Flag Air Carriers (JUNE 2003).

FAR 52.247-64, Preference for Privately Owned U.S. Flag Commercial Vessels (APRIL 2003).

FAR 52.251-1, Government Supply Sources (APRIL 1984).

b. DEPARTMENT OF HEALTH AND HUMAN SERVICES ACQUISITION REGULATION/PUBLIC HEALTH SERVICE ACQUISITION REGULATION (HHSAR)/(PHSAR) (48 CHAPTER 3) CLAUSES:

HHSAR 352.223-70, Safety and Health (JANUARY 2001) [This clause is provided in full text in SECTION J - ATTACHMENTS.]

HHSAR 352.270-1, Accessibility of Meetings, Conferences and Seminars to Persons with Disabilities (JANUARY 2001).

HHSAR 352.270-5, Key Personnel (APRIL 1984)

HHSAR 352.270-8, Protection of Human Subjects (JANUARY 2001).

Note: The Office for Human Research Protections (OHRP), Office of the Secretary (OS), Department of Health and Human Services (DHHS) is the office responsible for oversight of the Protection of Human subjects and should replace Office for Protection from Research Risks (OPRR), National Institutes of Health (NIH) wherever it appears in this clause.

c. NATIONAL INSTITUTES OF HEALTH (NIH) RESEARCH CONTRACTING (RC) CLAUSES:

The following clauses are attached and made a part of this contract:

NIH (RC)-7, Procurement of Certain Equipment (APRIL 1984).

ARTICLE I.4. ADDITIONAL FAR CONTRACT CLAUSES INCLUDED IN FULL TEXT

Additional clauses other than those listed below which are based on the type of contract/Contractor shall be determined during negotiations. Any contract awarded from this solicitation will contain the following:

This contract incorporates the following clauses in full text.

FEDERAL ACQUISITION REGULATION (FAR)(48 CFR CHAPTER 1) CLAUSES:

FAR Clause 52.244-6, SUBCONTRACTS FOR COMMERCIAL ITEMS (MAY 2004)

(a) **Definitions.** As used in this clause--

Commercial item, has the meaning contained in the clause at 52.202-1, Definitions.

Subcontract, includes a transfer of commercial items between divisions, subsidiaries, or affiliates of the Contractor or subcontractor at any tier.

- (b) To the maximum extent practicable, the Contractor shall incorporate, and require its subcontractors at all tiers to incorporate, commercial items or nondevelopmental items as components of items to be supplied under this contract.
- (c) (1) The Contractor shall insert the following clauses in subcontracts for commercial items:
 - (i) 52.219-8, Utilization of Small Business Concerns (MAY 2004) (15 U.S.C. 637(d)(2) and (3)), in all subcontracts that offer further subcontracting opportunities. If the subcontract (except subcontracts to small business concerns) exceeds \$500,000 (\$1,000,000 for construction of any public facility), the subcontractor must include 52.219-8 in lower tier subcontracts that offer subcontracting opportunities.
 - (ii) 52.222-26, Equal Opportunity (APR 2002) (E.O. 11246).
 - (iii) 52.222-35, Equal Opportunity for Special Disabled Veterans, Veterans of the Vietnam Era, and Other Eligible Veterans (DEC 2001) (38 U.S.C. 4212(a)).
 - (iv) 52.222-36, Affirmative Action for Workers with Disabilities (JUN 1998) (29 U.S.C. 793).
 - (v) 52.247-64, Preference for Privately Owned U.S.-Flag Commercial Vessels (APR 2003) (46 U.S.C. Appx 1241) (flowdown not required for subcontracts awarded beginning May 1, 1996).
- (2) While not required, the Contractor may flow down to subcontracts for commercial items a minimal number of additional clauses necessary to satisfy its contractual obligations.
- (d) The Contractor shall include the terms of this clause, including this paragraph (d), in subcontracts awarded under this contract.

PART III - LIST OF DOCUMENTS, EXHIBITS AND OTHER ATTACHMENTS

SECTION J - LIST OF ATTACHMENTS

The following Attachments are provided in full text with this Solicitation:

PROPOSAL SUBMISSION INSTRUCTIONS – see: <http://www.niaid.nih.gov/contract/eproposal.htm>

PROPOSAL SUBMISSION: NUMBER OF COPIES AND PAGE LIMITATIONS (Attached to this listing)

PROPOSAL INTENT RESPONSE SHEET (Attached to this listing)

[NOTE: Your attention is directed to the "Proposal Intent Response Sheet". If you intend to submit a proposal, you must complete this form and return it to this office via fax or e-mail on or before the date identified above. The receipt of this form is critical as it contains information essential for CMP's coordination of the electronic submission and review of proposals.]

RFP FORMS AND ATTACHMENTS:

THE RFP FORMS/ATTACHMENTS LISTED BELOW ARE AVAILABLE IN A VARIETY OF FORMATS AND MAY BE VIEWED OR DOWNLOADED DIRECTLY FROM THIS SITE:

<http://www.niaid.nih.gov/contract/ref.htm>

APPLICABLE TO TECHNICAL PROPOSAL (INCLUDE THESE DOCUMENTS/FORMS WITH YOUR TECHNICAL PROPOSAL):

- Technical Proposal Cover Sheet
- NIH-1688-1, Project Objectives
- Technical Proposal Cost Information
- Summary of Related Activities
- Optional Form 310, Protection of Human Subjects Assurance Identification/Certification/Declaration [When applicable, all institutions must have the form reviewed and approved by their Institutional Review Committee.]
- Government Notice for Handling Proposals
- Targeted/Planned Enrollment Table

APPLICABLE TO BUSINESS PROPOSAL (INCLUDE WITH YOUR BUSINESS PROPOSAL):

- NIH-2043, Proposal Summary and Data Record
- Small Business Subcontracting Plan Format *[if applicable]*
- Breakdown of Proposed Estimated Cost (plus fee) and Labor Hours
- Offeror's Points of Contact

TO BECOME CONTRACT ATTACHMENTS (INFORMATION ONLY):

- Inclusion Enrollment Report
- NIH(RC)-4: Invoice/Financing Request and Contract Financial Reporting Instructions for NIH Cost-Reimbursement Type Contracts
- NIH(RC)-7: Procurement of Certain Equipment, (OMB Bulletin 81-16)
- Safety and Health, HHSAR Clause 352.223-70
- Privacy Act System of Records
- Report of Government Owned, Contractor Held Property
- Disclosure of Lobbying Activities, OMB Form LLL

PROPOSAL SUBMISSION: NUMBER OF COPIES, PAGE LIMITATIONS AND ELECTRONIC FILE SIZE

Please refer to <http://www.niaid.nih.gov/contract/eproposal.htm> for delivery instructions for the submission of both PAPER and ELECTRONIC COPIES of your proposal.

PAPER SUBMISSION: The paper copy is the official copy for recording timely receipt of proposals.

ELECTRONIC SUBMISSION: In addition to the paper submission, you are requested to submit your proposal electronically through the CRON (Contracts Review Online) in accordance with the instructions provided at the above-referenced weblink. You must certify that both the original paper and electronic versions of the proposal are identical.

The electronic submission is solely for the benefit of the Agency. Such submission is still in a "test" stage, and the electronic submissions may or may not be utilized, at the sole discretion of the Agency.

SUBMISSION OF PROPOSALS BY FACSIMILE IS NOT ACCEPTABLE. -- SUBMISSION OF ONLY ELECTRONIC PROPOSALS WITHOUT PAPER COPIES IS NOT ACCEPTABLE.

WARNING: You are advised to read and carefully follow the instructions listed in each RFP. Failure to adhere to these instructions and to the specified limitations for size of paper and electronic proposals may result in the rejection of your proposal.

NUMBER OF COPIES:

Document	Number of Copies	Page Limits	File Size
Technical Proposal	One (1) unbound SIGNED ORIGINAL. One (1) unbound COPY Twenty (20) bound copies.	Limited to not-to-exceed 150 pages.	Limited to not-to-exceed 5 mega-bytes
Technical Proposal: Response to Non-Core Functions (see APPENDIX A)	Included with Technical Proposal	Limited to 25 pages. Included in the total page limitation of 150 pages.	N/A
Case Study of Phase III Clinical Trial (see APPENDIX A)	Included with Technical Proposal	Limited to 20 pages. Included in the total page limitation of 150 pages.	N/A
Technical Proposal Appendices All materials not available electronically (i.e. SOPs, Pertinent Manuals, Nonscannable Figures or Data, and Letters of Collaboration/Intent).	One (1) unbound SIGNED ORIGINAL. One (1) unbound COPY Twenty (20) bound copies.	This information is included in the total page limitation of 150 pages.	N/A
Business Proposal	One (1) unbound SIGNED ORIGINAL. One (1) unbound COPY Ten (10) bound copies.	Limited to not-to-exceed 150 pages	Limited to not-to-exceed 5 mega-bytes
Representations and Certifications	One (1) Original required to be submitted with the Original Business Proposal. (Extra copies are optional.)	N/A	N/A
All offerors are required to submit two (2) CDs that each contain electronic versions of all proposal information (both technical and business – clearly named). If information appended to the paper version is not available electronically, the CD shall contain a file listing all documents that are submitted in paper format only. The offeror shall include certification that the documents provided electronically match the paper version of those same documents.		2 Compact Discs (CDs)	

Total Page count does **not** include: 1 Cover and Back Page; 1 Table of Contents; Section Dividers that do not contain information other than title of Section.

PROPOSAL INTENT RESPONSE SHEET

RFP No.: NIH-NIAID-DAIDS-05-06

RFP Title: HIV Clinical Research Management Support

Please review the attached Request for Proposal. Furnish the information requested below and return this page by August 9, 2004. Your expression of intent is not binding but will greatly assist us in planning for proposal evaluation.

Since your proposal will also be submitted electronically, please include the name and e-mail of the individual to whom the electronic proposal instructions, login code, and password should be provided.

☐ DO INTEND TO SUBMIT A PROPOSAL

☐ DO NOT INTEND TO SUBMIT A PROPOSAL FOR THE FOLLOWING REASONS:

Company/Institution Name (print): _____

Address (print): _____

Project Director's Name (print): _____

Title (print): _____

Signature/Date: _____

Telephone Number and E-mail Address (print clearly):

***Name of individual to whom electronic proposal instructions should be sent:**

Name: _____

Title: _____

E-Mail Address: _____

Telephone Number: _____

Names of Collaborating Institutions and Investigators (include Subcontractors and Consultants) (print):

(Continue list on a separate page if necessary)

RETURN VIA FAX OR E-MAIL TO:

CMP, NIAID, NIH

Room 3214

6700-B Rockledge Drive, MSC 7612

Bethesda, MD 20892-7612

Attn: Elizabeth Shanahan

RFP-NIH-NIAID-DAIDS-05-06

FAX# (301) 594-6309

Email : eshanahan@niaid.nih.gov

PART IV – REPRESENTATIONS AND INSTRUCTIONS

SECTION K - REPRESENTATIONS, CERTIFICATIONS AND OTHER STATEMENTS OF OFFERORS

Representations, Certifications, and Other Statements of Offerors or Quoters (Negotiated).

1. REPRESENTATIONS AND CERTIFICATIONS

The Representations and Certifications required by this particular acquisition can be accessed electronically from the INTERNET at the following address:

<http://rcb.cancer.gov/rcb-internet/forms/rcneg.pdf>

If you are unable to access this document electronically, you may request a copy from the Contracting Officer identified on the cover page of this solicitation.

IF YOU INTEND TO SUBMIT A PROPOSAL, YOU MUST COMPLETE AND SUBMIT ONE ORIGINAL OF THE REPRESENTATIONS AND CERTIFICATIONS AND SUBMIT IT AS PART OF YOUR ORIGINAL BUSINESS PROPOSAL.

SECTION L - INSTRUCTIONS, CONDITIONS, AND NOTICES TO OFFERORS

1. GENERAL INFORMATION

a. INSTRUCTIONS TO OFFERORS--COMPETITIVE ACQUISITION [FAR Clause 52.215-1 (January 2004)]

(a) *Definitions.* As used in this provision--

Discussions are negotiations that occur after establishment of the competitive range that may, at the Contracting Officer's discretion, result in the offeror being allowed to revise its proposal.

"In writing", *"writing"*, or *"written"* any worded or numbered expression that can be read, reproduced, and later communicated, and includes electronically transmitted and stored information.

"Proposal modification" is a change made to a proposal before the solicitation's closing date and time, or made in response to an amendment, or made to correct a mistake at any time before award.

"Proposal revision" is a change to a proposal made after the solicitation closing date, at the request of or as allowed by a Contracting Officer as the result of negotiations.

"Time," if stated as a number of days, is calculated using calendar days, unless otherwise specified, and will include Saturdays, Sundays, and legal holidays. However, if the last day falls on a Saturday, Sunday, or legal holiday, then the period shall include the next working day.

(b) *Amendments to solicitations.* If this solicitation is amended, all terms and conditions that are not amended remain unchanged. Offerors shall acknowledge receipt of any amendment to this solicitation by the date and time specified in the amendment(s).

(c) *Submission, modification, revision, and withdrawal of proposals.* (1) Unless other methods (*e.g.*, electronic commerce or facsimile) are permitted in the solicitation, proposals and modifications to proposals shall be submitted in paper media in sealed envelopes or packages (i) addressed to the office specified in the solicitation, and (ii) showing the time and date specified for receipt, the solicitation number, and the name and address of the offeror. Offerors using commercial carriers should ensure that the proposal is marked on the outermost wrapper with the information in paragraphs (c)(1)(i) and (c)(1)(ii) of this provision.

(2) The first page of the proposal must show--

- (i) The solicitation number;
- (ii) The name, address, and telephone and facsimile numbers of the offeror (and electronic address if available);
- (iii) A statement specifying the extent of agreement with all terms, conditions, and provisions included in the solicitation and agreement to furnish any or all items upon which prices are offered at the price set opposite each item;
- (iv) Names, titles, and telephone and facsimile numbers (and electronic addresses if available) of persons authorized to negotiate on the offeror's behalf with the Government in connection with this solicitation; and
- (v) Name, title, and signature of person authorized to sign the proposal. Proposals signed by an agent shall be accompanied by evidence of that agent's authority, unless that evidence has been previously furnished to the issuing office.

(3) *Submission, modification, revision, and withdrawal of proposals.* (i) Offerors are responsible for submitting proposals, and any modifications or revisions, so as to reach the Government office designated in the solicitation by the time specified in the solicitation. If no time is specified in the solicitation, the time for receipt is 4:30 p.m., local time, for the designated Government office on the date that proposal or revision is due.

- (ii) (A) Any proposal, modification, or revision received at the Government office designated in the solicitation after the exact time specified for receipt of offers is "late" and will not be considered unless it is received before award is made, the Contracting Officer determines that accepting the late offer would not unduly delay the acquisition; and--
 - (1) If it was transmitted through an electronic commerce method authorized by the solicitation, it was received at the initial point of entry to the Government infrastructure not later than 5:00 p.m. one working day prior to the date specified for receipt of proposals; or
 - (2) There is acceptable evidence to establish that it was received at the Government installation designated for receipt of offers and was under the Government's control prior to the time set for receipt of offers; or
 - (3) It is the only proposal received.
- (B) However, a late modification of an otherwise successful proposal that makes its terms more favorable to the Government will be considered at any time it is received and may be accepted.
- (iii) Acceptable evidence to establish the time of receipt at the Government installation includes the time/date stamp of that installation on the proposal wrapper, other documentary evidence of receipt maintained by the installation, or oral testimony or statements of Government personnel.
- (iv) If an emergency or unanticipated event interrupts normal Government processes so that proposals cannot be received at the office designated for receipt of proposals by the exact time specified in the solicitation, and urgent Government requirements preclude amendment of the solicitation, the time specified for receipt of proposals will be deemed to be extended to the same time of day specified in the solicitation on the first work day on which normal Government processes resume.
- (v) Proposals may be withdrawn by written notice received at any time before award. Oral proposals in response to oral solicitations may be withdrawn orally. If the solicitation authorizes facsimile proposals, proposals may be withdrawn via facsimile received at any time before award, subject to the conditions specified in the provision at 52.215-5, Facsimile Proposals. Proposals may be withdrawn in person by an offeror or an authorized representative, if the identity of the person requesting withdrawal is established and the person signs a receipt for the proposal before award.
- (4) Unless otherwise specified in the solicitation, the offeror may propose to provide any item or combination of items.
- (5) Offerors shall submit proposals in response to this solicitation in English, unless otherwise permitted by the solicitation, and in U.S. dollars, unless the provision at FAR 52.225-17, Evaluation of Foreign Currency Offers, is included in the solicitation.
- (6) Offerors may submit modifications to their proposals at any time before the solicitation closing date and time, and may submit modifications in response to an amendment, or to correct a mistake at any time before award.
- (7) Offerors may submit revised proposals only if requested or allowed by the Contracting Officer.
- (8) Proposals may be withdrawn at any time before award. Withdrawals are effective upon receipt of notice by the Contracting Officer.
- (d) *Offer expiration date.* Proposals in response to this solicitation will be valid for the number of days specified on the solicitation cover sheet (unless a different period is proposed by the offeror).

[Note: In accordance with HHSAR 352.215-1, the following paragraph (e) is substituted for the subparagraph (e) of the provision at FAR 52.215-1.]

- (e) *Restriction on disclosure and use of data.* (1) The proposal submitted in response to this request may contain data (trade secrets; business data, e.g., commercial information, financial information, and cost and pricing data; and technical data) which the offeror, including its prospective subcontractor(s), does not want used or disclosed for any purpose other than for evaluation of the proposal. The use and disclosure of any data may be so restricted; provided, that the Government determines that the data is not required to be disclosed under the Freedom of Information Act, 5 U.S.C. 552, as amended, and the offeror marks the cover sheet of the proposal with the following legend, specifying the particular portions of the proposal which are to be restricted in accordance with the conditions of the legend. The Government's determination to withhold or disclose a record will be based upon the particular circumstances involving the record in question and whether the record may be exempted from disclosure under the Freedom of Information Act. The legend reads:

Unless disclosure is required by the Freedom of Information Act, 5 U.S.C. 552, as amended, (the Act) as determined by Freedom of Information (FOI) officials of the Department of Health and Human Services, data contained in the portions of this proposal which have been specifically identified by page number, paragraph, etc. by the offeror as containing restricted information shall not be used or disclosed except for evaluation purposes.

The offeror acknowledges that the Department may not be able to withhold a record (data, document, etc.) nor deny access to a record requested pursuant to the Act and that the Department's FOI officials must make that determination. The offeror hereby agrees that the Government is not liable for disclosure if the Department has determined that disclosure is required by the Act.

If a contract is awarded to the offeror as a result of, or in connection with, the submission of this proposal, the Government shall have right to use or disclose the data to the extent provided in the contract. Proposals not resulting in a contract remain subject to the Act.

The offeror also agrees that the Government is not liable for disclosure or use of unmarked data and may use or disclose the data for any purpose, including the release of the information pursuant to requests under the Act. The data subject to this restriction are contained in pages (insert page numbers, paragraph designations, etc. or other identification).

- (2) In addition, the offeror should mark each page of data it wishes to restrict with the following statement:

“Use or disclosure of data contained on this page is subject to the restriction on the cover sheet of this proposal or quotation.”

- (3) Offerors are cautioned that proposals submitted with restrictive legends or statements differing in substance from the above legend may not be considered for award. The Government reserves the right to reject any proposal submitted with a nonconforming legend.

- (f) *Contract award.* (1) The Government intends to award a contract or contracts resulting from this solicitation to the responsible offeror(s) whose proposal(s) represents the best value after evaluation in accordance with the factors and subfactors in the solicitation.

- (2) The Government may reject any or all proposals if such action is in the Government's interest.

- (3) The Government may waive informalities and minor irregularities in proposals received.

- (4) The Government intends to evaluate proposals and award a contract without discussions with offerors (except clarifications as described in FAR 15.306(a)). Therefore, the offeror's initial proposal should contain the offeror's best terms from a cost or price and technical standpoint. The Government reserves the right to conduct discussions if the Contracting Officer later determines them to be necessary. If the Contracting Officer determines that the number of proposals that would otherwise be in the competitive range exceeds the number at which an efficient competition can be conducted, the Contracting Officer may limit the number of proposals in the competitive range to the greatest number that will permit an efficient competition among the most highly rated proposals.
- (5) The Government reserves the right to make an award on any item for a quantity less than the quantity offered, at the unit cost or prices offered, unless the offeror specifies otherwise in the proposal.
- (6) The Government reserves the right to make multiple awards if, after considering the additional administrative costs, it is in the Government's best interest to do so.
- (7) Exchanges with offerors after receipt of a proposal do not constitute a rejection or counteroffer by the Government.
- (8) The Government may determine that a proposal is unacceptable if the prices proposed are materially unbalanced between line items or subline items. Unbalanced pricing exists when, despite an acceptable total evaluated price, the price of one or more contract line items is significantly overstated or understated as indicated by the application of cost or price analysis techniques. A proposal may be rejected if the Contracting Officer determines that the lack of balance poses an unacceptable risk to the Government.
- (9) If a cost realism analysis is performed, cost realism may be considered by the source selection authority in evaluating performance or schedule risk.
- (10) A written award or acceptance of proposal mailed or otherwise furnished to the successful offeror within the time specified in the proposal shall result in a binding contract without further action by either party.
- (11) If a post-award debriefing is given to requesting offerors, the Government shall disclose the following information, if applicable:
 - (i) The agency's evaluation of the significant weak or deficient factors in the debriefed offeror's offer;
 - (ii) The overall evaluated cost or price and technical rating of the successful and debriefed offeror and past performance information on the debriefed offeror;
 - (iii) The overall ranking of all offerors, when any ranking was developed by the agency during source selection;
 - (iv) A summary of the rationale for award; and
 - (v) For acquisitions of commercial items, the make and model of the item to be delivered by the successful offeror;
 - (vi) Reasonable responses to relevant questions posed by the debriefed offeror as to whether source-selection procedures set forth in the solicitation, applicable regulations, and other applicable authorities were followed by the agency.

(End of Provision)

Alternate I (October 1997). As prescribed in 15.209(a)(1), substitute the following paragraph (f)(4) for paragraph (f)(4) of the basic provision:

- (f) (4) The Government intends to evaluate proposals and award a contract after conducting discussions with offerors whose proposals have been determined to be within the competitive range. If the Contracting Officer determines that the number of proposals that would otherwise be in the competitive range exceeds the number at which an efficient competition can be conducted, the Contracting Officer may limit the number of proposals in the competitive range to the greatest number that will permit an efficient competition among the most highly rated proposals. Therefore, the offeror's initial proposal should contain the offeror's best terms from a price and technical standpoint.

b. NAICS CODE AND SIZE STANDARD

Note: The following information is to be used by the offeror in preparing its Representations and Certifications (See Section K of this RFP), specifically in completing the provision entitled, SMALL BUSINESS PROGRAM REPRESENTATION, FAR Clause 52.219-1.

- (1) The North American Industry Classification System (NAICS) code for this acquisition is 541710.
- (2) The small business size standard is 500 employees.

THIS REQUIREMENT IS NOT SET-ASIDE FOR SMALL BUSINESS. However, the Federal Acquisition Regulation (FAR) requires in every solicitation, (except for foreign acquisitions) the inclusion of the North American Industry Classification System (NAICS) Code and corresponding size standard which best describes the nature of the requirement in the solicitation.

c. NOTICE OF PRICE EVALUATION ADJUSTMENT FOR SMALL DISADVANTAGED BUSINESS CONCERNS

In accordance with FAR Clause 52.219-23, Notice of Price Evaluation Adjustment for Small Disadvantaged Business Concerns, incorporated in Section I.3., offerors will be evaluated by adding a factor of 10 percent to the price of all offers, except offers from small disadvantaged business concerns that have not waived the adjustment. (Note: A listing of other offerors who are excepted and will not have this evaluation factor added to their offer may be found in subparagraph (b) of FAR Clause 52.219-23.

A small disadvantaged business concern may elect to waive the adjustment, in which case the factor will be added to its offer for evaluation purposes. The agreements in paragraph (d) of FAR Clause 52.219-23 do not apply to offerors that waive the adjustment.

AN OFFEROR WHO ELECTS TO WAIVE THIS EVALUATION ADJUSTMENT MUST SPECIFICALLY INDICATE WITH A STATEMENT TO THIS EFFECT ON THE COVER PAGE OF ITS BUSINESS PROPOSAL.

d. TYPE OF CONTRACT AND NUMBER OF AWARD(S)

It is anticipated that one award will be made from this solicitation and that the award(s) will be made on/about June 15, 2005.

It is anticipated that the award(s) from this solicitation will be a multiple-year, cost-reimbursement, completion type contract with a period of performance of five (5) years, and that incremental funding will be used [see Section L.2.c. Business Proposal Instructions].

e. PRE-PROPOSAL CONFERENCE

A pre-proposal conference will be held with prospective offerors at the National Institute of Allergy and Infectious Diseases (NIAID), 6700-B Rockledge Drive, Conference Room 1205, Bethesda, Maryland on July 26, 2004. The pre-proposal conference will be held for the purpose of providing information concerning the Government's requirements which may be helpful in the preparation of proposals and for answering any questions which you have regarding this solicitation.

The success of this type of conference depends largely on the lead-time available to the Government for research in connection with questions submitted by offerors. Therefore, you are requested to mail written questions concerning any areas of uncertainty which, in your opinion, require clarification or correction, in sufficient time to be received on or before July 6, 2004, at the address cited in Block 9 of the RFP cover page.

Your questions should be submitted to Elizabeth Shanahan, Contracting Officer, and the envelope should be marked, "Pre-proposal conference, RFP No. NIH-NIAID-DAIDS-05-06." A set of all questions and answers will be furnished simultaneously to all prospective offerors whether or not they are in attendance.

Because of space limitations, each prospective offeror shall be limited to a total of 2 representatives.

Attendance at the pre-proposal conference is recommended; however, attendance is not a prerequisite for proposal submission and will not be considered a factor in proposal evaluation.

f. ESTIMATE OF EFFORT

It is expected that a completion type contract will be awarded as a result of this RFP. To assist you in the preparation of your proposal, please refer to **APPENDIX B** for the approximate labor mix and labor hours. This information is furnished for the offeror's information only and is not to be considered restrictive for proposal purposes.

g. COMMITMENT OF PUBLIC FUNDS

The Contracting Officer is the only individual who can legally commit the Government to the expenditure of public funds in connection with the proposed procurement. Any other commitment, either explicit or implied, is invalid.

h. COMMUNICATIONS PRIOR TO CONTRACT AWARD

Offerors shall direct all communications to the attention of the Contract Specialist or Contracting Officer cited on the face page of this RFP. Communications with the Project Officer or other officials may compromise the competitiveness of this acquisition and result in cancellation of the requirement.

i. RELEASE OF INFORMATION

Contract selection and award information will be disclosed to offerors in accordance with regulations applicable to negotiated acquisition. Prompt written notice will be given to unsuccessful offerors as they are eliminated from the competition, and to all offerors following award.

j. COMPARATIVE IMPORTANCE OF PROPOSALS

You are advised that paramount consideration shall be given to the evaluation of technical proposals. All evaluation factors other than cost or price, when combined, are significantly more important than cost or price. The relative importance of the evaluation factors is specified in SECTION M of this solicitation. However, the Government reserves the right to make an award to the best advantage of the Government, cost and other factors considered.

k. PREPARATION COSTS

This RFP does not commit the Government to pay for the preparation and submission of a proposal.

l. SERVICE OF PROTEST (AUGUST 1996) - FAR 52.233-2

- (a) Protests, as defined in section 33.101 of the Federal Acquisition Regulation, that are filed directly with an agency, and copies of any protests that are filed with the General Accounting Office (GAO), shall be served on the Contracting Officer (addressed as follows) by obtaining written and dated acknowledgment of receipt from:

Contracting Officer: **[See Block 15 of RFP Cover Page]**

Address: **[See Block 9 of RFP Cover Page]**

- (b) The copy of any protest shall be received in the office designated above within one day of filing a protest with the GAO.

m. LATE PROPOSALS AND REVISIONS, HHSAR 352.215-70

Notwithstanding the procedures contained in FAR 52.215-1(c)(3) of the provision of this solicitation entitled Instructions to Offerors—Competitive Acquisition, a proposal received after the date specified for receipt may be considered if it offers significant cost or technical advantages to the Government; and it was received before proposals were distributed for evaluation, or within five calendar days after the exact time specified for receipt, whichever is earlier.

2. INSTRUCTIONS TO OFFERORS

a. GENERAL INSTRUCTIONS

INTRODUCTION

The following instructions will establish requirements for the format and contents of proposals. Special attention is directed to the requirements for technical and business proposals to be submitted in accordance with these instructions.

(1) Contract Type and General Clauses

It is contemplated that a cost-reimbursement, completion type contract will be awarded. (See General Information) Any resultant contract shall include the clauses applicable to the selected offeror's organization and type of contract awarded as required by Public Law, Executive Order, or acquisition regulations in effect at the time of execution of the proposed contract.

(2) Authorized Official and Submission of Proposal

The proposal must be signed by an official authorized to bind your organization and must stipulate that it is predicated upon all the terms and conditions of this RFP. Your proposal shall be submitted in the number of copies, to the addressees, and marked as indicated in the Attachment entitled, PACKAGING AND DELIVERY OF PROPOSAL, Part III, Section J, hereof. Proposals will be typewritten, paginated, reproduced on letter size paper and will be legible in all required copies. To expedite the proposal evaluation, all documents required for responding to the RFP should be placed in the following order:

I. COVER PAGE

Include RFP title, number, name of organization, identification of the proposal part, and indicate whether the proposal is an original or a copy.

a. Project Objectives, NIH-1688-1

The Offeror shall insert a completed NIH Form 1688-1, Project Objective, as provided in Section J, Attachments, behind the Title Page of each copy of the proposal, along with the "Government Notice for Handling Proposals." The NIH Form 1688-1 is to be completed as follows:

- **For an Institution of Higher Education: The form MUST be completed in its entirety.**
- **For OTHER than an Institution of Higher Education: The starred items (Department, Service, Laboratory or Equivalent, and Major Subdivision) should be left blank.**

The information required under the "Summary of Objectives" portion of the form MUST meet the requirements set forth in the section of the form entitled, "INSTRUCTIONS:"

II. TECHNICAL PROPOSAL

The technical proposal is required to consist of a cover page, a table of contents, and the information requested in the Technical Proposal Instructions and as specified in **APPENDIX A – ADDITIONAL TECHNICAL PROPOSAL INSTRUCTIONS – FORMAT FOR TABLE OF CONTENTS FOR TECHNICAL PROPOSAL.**

III. BUSINESS PROPOSAL

The business proposal is required to consist of a cover page, a table of contents, and the information requested in the Business Proposal Instructions and as specified in **APPENDIX B – ADDITIONAL BUSINESS PROPOSAL INSTRUCTIONS.**

(3) Proposal Summary and Data Record (NIH-2043)

The Offeror must complete the Form NIH-2043, attached, with particular attention to the length of time the proposal is firm and the designation of those personnel authorized to conduct negotiations. (See SECTION J, ATTACHMENT entitled "PROPOSAL SUMMARY AND DATA RECORD").

(4) Separation of Technical and Business Proposals

The proposal must be prepared in two parts: a "Technical Proposal" and a "Business Proposal." Each of the parts shall be separate and complete in itself so that evaluation of one may be accomplished independently of, and concurrently with, evaluation of the other. The technical proposal must include direct cost and resources information, such as labor-hours and categories and applicable rates, materials, subcontracts, travel, etc., and associated costs so that the offeror's understanding of the project may be evaluated. (See SECTION J, ATTACHMENT entitled "TECHNICAL PROPOSAL COST INFORMATION/SUMMARY OF LABOR AND DIRECT COSTS.") However, the technical proposal should **not** include pricing data relating to individual salary information, indirect cost rates or amounts, fee amounts (if any), and total costs. The technical proposal should disclose your technical approach in as much detail as possible, including, but not limited to, the requirements of the technical proposal instructions and the instructions in APPENDIX A.

(5) Alternate Proposals

You may, at your discretion, submit alternate proposals, or proposals which deviate from the requirements; provided, that you also submit a proposal for performance of the work as specified in the statement of work. Such proposals may be considered if overall performance would be improved or not compromised and if they are in the best interests of the Government. Alternative proposals, or deviations from any requirements of this RFP, shall be clearly identified.

(6) Evaluation of Proposals

The Government will evaluate technical proposals in accordance with the criteria set forth in PART IV, SECTION M of this RFP.

(7) Potential Award Without Discussions

The Government reserves the right to award a contract without discussions if the Contracting Officer determines that the initial prices are fair and reasonable and that discussions are not necessary.

(8) Use of the Metric System of Measurement

It is the policy of the Department of Health and Human Services to support the Federal transition to the metric system and to use the metric system of measurement in all procurements, grants, and other business related activities unless such use is impracticable or is likely to cause significant inefficiencies.

The offeror is encouraged to prepare their proposal using either "Hard Metric," "Soft Metric," or "Dual Systems" of measurement. The following definitions are provided for your information:

Hard Metric - The replacement of a standard inch-pound size with an accepted metric size for a particular purpose. An example of size substitution might be: selling or packaging liquids by the liter instead of by the pint or quart (as for soft drinks), or instead of by the gallon (as for gasoline).

Soft Metric - The result of a mathematical conversion of inch-pound measurements to metric equivalents for a particular purpose. The physical characteristics are not changed.

Dual Systems - The use of both inch-pound and metric systems. For example, an item is designed, produced, and described in inch-pound values with soft metric values also shown for information or comparison purposes.

(9) Standards for Privacy of Individually Identifiable Health Information

The Department of Health and Human Services (DHHS) issued final modifications to the “Standards for Privacy of Individually Identifiable Health Information,” the “Privacy Rule,” on August 14, 2002. The Privacy Rule is a federal regulation under the Health Insurance Portability and Accountability Act (HIPAA) of 1996 that governs the protection of individually identifiable health information and is administered and enforced by the DHHS Office for Civil Rights (OCR). Those who must comply with the Privacy Rule (classified under the Rule as “covered entities” must do so by April 14, 2003 (with the exception of small health plans which have an extra year to comply).

Decisions about the applicability and implementation of the Privacy Rule reside with the contractor and his/her institution. The OCR Web site (<http://www.hhs.gov/ocr/>) provides information of the Privacy Rule, including a complete Regulation Text and a set of decision tools on “Am I a covered entity?” Information on the impact of the HIPAA Privacy Rule on NIH processes involving the review, award, and administration of grants, cooperative agreements and contracts can be found at: <http://grants1.nih.gov/grants/guide/notice-files/NOT-OD-03-025.html>.

(10) Obtaining and Disseminating Biomedical Research Resources

As a public sponsor of biomedical research, the National Institutes of Health (NIH) has a dual interest in accelerating scientific discovery and facilitating product development. Intellectual property restrictions can stifle the broad dissemination of new discoveries and limit future avenues of research and product development. At the same time, reasonable restrictions on the dissemination of research tools are sometimes necessary to protect legitimate proprietary interests and to preserve incentives for commercial development. To assist NIH contractors achieve an appropriate balance, the NIH has provided guidance in the form of a two-part document, consisting of Principles setting forth the fundamental concepts and Guidelines that provide specific information to patent and license professionals and sponsored research administrators for implementation.

The purpose of these Principles and Guidelines is to assist NIH funding recipients in determining: 1) Reasonable terms and conditions for making NIH-funded research resources available to scientists in other institutions in the public and private sectors (disseminating research tools); and 2) Restrictions to accept as a conditions of receiving access to research tools for use in NIH-funded research (acquiring research tools). The intent is to help recipients ensure that the conditions they impose and accept on the transfer of research tools will facilitate further biomedical research, consistent with the requirements of the Bayh-Dole Act and NIH funding policy.

This policy, entitled, "Sharing Biomedical Research Resources: Principles and Guidelines for Recipients of NIH Research Grants and Contracts," (Federal Register Notice, December 23, 1999 [64 FR 72090] will be included in any contract awarded from this solicitation. It can be found at the following website: <http://ott.od.nih.gov/NewPages/64FR72090.pdf>.

(11) Sharing Research Data

The NIH endorses the sharing of final research data to expedite the translation of research results into knowledge, products, and procedures to improve human health. This contract is expected to generate research data. **Therefore, the offeror must submit a plan for data sharing or state why data sharing is not possible. If data sharing is limited, the offeror should explain such limitations in its data sharing plan. NIH's data sharing policy may be found at the following Web site:**

<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-03-032.html>

**Note to Offeror: If this RFP is for a Multi-Center Clinical Trial or Epidemiological Study, the following paragraph will also apply.*

If the resultant contract is part of a collaborative program involving multiple sites, the data sharing will be governed by a dissemination plan to be developed jointly following award. Offerors must include in their proposals a statement of willingness to work collaboratively after award with the other funded sites to prepare a joint dissemination plan. Coordinating Center proposals should describe methods to coordinate the dissemination planning and implementation. The Coordinating Center must include a budget and justification for any additional costs of this collaborative effort.

(12) Privacy Act (Treatment of Proposal Information)

The Privacy Act of 1974 (P.L. 93-579) requires that a Federal agency advise each individual whom it asks to supply information, the authority which authorizes the solicitation, whether disclosure is voluntary or mandatory, the principal purpose or purposes for which the information is intended to be used, the uses outside the agency which may be made of the information, and the effects on the individual, if any, of not providing all or any part of the requested information.

The NIH is requesting the information called for in this RFP pursuant to the authority provided by Sec. 301(a)(7) of the Public Health Service Act, as amended, and P.L. 92-218, as amended.

Providing the information requested is entirely voluntary. The collection of this information is for the purpose of conducting an accurate, fair, and adequate review prior to a discussion as to whether to award a contract.

Failure to provide any or all of the requested information may result in a less than adequate review.

In addition, the Privacy Act of 1974 (P.L. 93-579, Section 7) requires that the following information be provided when individuals are requested to disclose their social security number.

Provision of the social security number is voluntary. Social security numbers are requested for the purpose of accurate and efficient identification, referral, review and management of NIH contracting programs. Authority for requesting this information is provided by Section 301 and Title IV of the PHS Act, as amended.

The information provided by you may be routinely disclosed for the following purposes:

- to the cognizant audit agency and the General Accounting Office for auditing.
- to the Department of Justice as required for litigation.
- to respond to congressional inquiries.
- to qualified experts, not within the definition of Department employees, for opinions as a part of the review process.

(13) Selection of Offerors

- a) The acceptability of the scientific and technical portion of each research contract proposal will be evaluated by a technical review committee. The committee will evaluate each proposal in strict conformity with the evaluation criteria of the RFP, utilizing point scores and written critiques. The committee may suggest that the Contracting Officer request clarifying information from an offeror.
- b) The business portion of each contract proposal will be subjected to a cost and price analysis, management analysis, etc.
- c) If award will be made without conducting discussions, offerors may be given the opportunity to clarify certain aspects of their proposal (e.g., the relevance of an offeror's past performance information and adverse past performance information to which the offeror has not previously had an opportunity to respond) or to resolve minor or clerical errors.
- d) If the Government intends to conduct discussions prior to awarding a contract-
 - (1) Communications will be held with offerors whose past performance information is the determining factor preventing them from being placed within the competitive range. Such communications shall address adverse past performance information to which an offeror has not had a prior opportunity to respond. Also, communications may be held with any other offerors whose exclusion from, or inclusion in, the competitive range is uncertain.

Such communications shall not be used to cure proposal deficiencies or omissions that alter the technical or cost elements of the proposal, and/or otherwise revise the proposal, but may be considered in rating proposals for the purpose of establishing the competitive range.

- (2) The Contracting Officer will, in concert with program staff, decide which proposals are in the competitive range. The competitive range will be comprised of all of the most highly rated proposals. Oral or written discussions will be conducted with all offerors in the competitive range.

While it is this Institute's policy to conduct discussions with all offerors in the competitive range, the Institute reserves the right, in special circumstances, to limit the number of proposals included in the competitive range to the greatest number that will permit an efficient competition. All aspects of the proposals are subject to discussions, including cost, technical approach, past performance, and contractual terms and conditions. At the conclusion of discussions, each offeror still in the competitive range shall be given an opportunity to submit a written Final Proposal Revision (FPR) with the reservation of the right to conduct finalization of details with the selected sources in accordance with HHSAR 315.370.

- e) The process described in FAR 15.101-1 will be employed, which permits the Government to make tradeoffs among cost or price and non-cost factors and to consider award to other than the lowest price offeror or other than the highest technically rated offeror. This process will take into consideration the results of the technical evaluation, the past performance evaluation (if applicable) and the cost analysis.
- f) The Institute reserves the right to make a single award, multiple awards, or no award at all to the RFP. In addition, the RFP may be amended or canceled as necessary to meet the Institute's requirements. Synopses of awards exceeding \$25,000 will be published in the FedBizOpps.

(14) Small Business Subcontracting Plan

If the proposed contract exceeds a total estimated cost of \$500,000 for the entire period of performance, the offeror shall be required to submit an acceptable subcontracting plan in accordance with the terms of the clause entitled "Small Business Subcontracting Plan," FAR Clause No. 52.219-9, incorporated herein by reference in the Solicitation [See Section J, Attachments, for an example of such a plan].

- a) THIS PROVISION DOES NOT APPLY TO SMALL BUSINESS OR NON-U.S. CONCERNS.
- b) The term "subcontract" means any agreement (other than one involving an employer-employee relationship) entered into by a Federal Government prime Contractor or subcontractor calling for supplies or services required for the performance of the original contract or subcontract. This includes, but is not limited to, agreements/purchase orders for supplies and services such as equipment purchase, copying services, and travel services.
- c) The offeror understands that:
 - (1) No contract will be awarded unless and until an acceptable plan is negotiated with the Contracting Officer which plan will be incorporated into the contract, as a material part thereof.
 - (2) An acceptable plan must, in the determination of the Contracting Officer, provide the maximum practicable opportunity for Small Businesses, Small Disadvantaged Businesses, Women-Owned Small businesses, HubZone Small Businesses, Veteran-Owned Small Businesses, and Service Disabled Veteran-Owned Small Businesses to participate in the performance of the contract.
 - (3) If a subcontracting plan acceptable to the Contracting Officer is not negotiated within the time limits prescribed by the contracting activity and such failure arises out of causes within the control and with the fault or negligence of the offeror, the offeror shall be ineligible for an award. The Contracting Officer shall notify the Contractor in writing of the reasons for determining a subcontracting plan unacceptable early enough in the negotiation process to allow the Contractor to modify the plan within the time limits prescribed.

- (4) Prior compliance of the offeror with other such subcontracting plans under previous contracts will be considered by the Contracting Officer in determining the responsibility of the offeror for award of the contract.
 - (5) It is the offeror's responsibility to develop a satisfactory subcontracting plan with respect to Small Business Concerns, Small Disadvantaged Business Concerns, Women-Owned Small Business Concerns, HubZone Small Business Concerns, Veteran-Owned Small Business Concerns, and Service Disabled Veteran-Owned Small Business Concerns that each such aspect of the offeror's plan will be judged independent of the other.
 - (6) The offeror will submit, as required by the Contracting Officer, subcontracting reports in accordance with the instructions thereon, and as further directed by the Contracting Officer. Subcontractors will also submit these reports to the Government's Contracting Officer or as otherwise directed, with a copy to the prime Contractor's designated small and disadvantaged business liaison.
- d) Each plan must contain the following:
- (1) Goals, expressed in terms of percentages of total planned subcontracting dollars, for the use of Small, Small Disadvantaged, Women-Owned, HUBZone, Veteran-Owned, and Service Disabled Veteran-Owned Small Business Concerns as subcontractors.
 - (2) A statement of total dollars planned to be subcontracted. A statement of total dollars to be subcontracted to each of the following type of small business concerns: Small, Small Disadvantaged, Women-Owned, HUBZone, Veteran-Owned, and Service Disabled Veteran-Owned Small Businesses.
 - (3) A description of the principal types of supplies and services to be subcontracted with an identification of which supplies and services are expected to be subcontracted to Small, Small Disadvantaged, Women-Owned, HUBZone, Veteran-Owned and/or Service Disabled Veteran-Owned Small Business Concerns.
 - (4) A description of the method used to develop the subcontracting goals.
 - (5) A description of the method used to identify potential sources for solicitation purposes.
 - (6) A statement as to whether or not indirect costs were included in establishing subcontracting goals. If they were, a description of the method used to determine the proportionate share of indirect costs to be incurred with Small, Small Disadvantaged, Women-Owned, HUBZone, Veteran-Owned, and Service Disabled Veteran-Owned Small Businesses.
 - (7) The name of the individual employed by the offeror who will administer the offeror's subcontracting program and a description of his/her duties.
 - (8) A description of the efforts the offeror will make to assure that Small, Small Disadvantaged, Women-Owned, HUBZone, Veteran-Owned, and Service Disabled Veteran-Owned Small Businesses have an equitable chance to compete for subcontracts.
 - (9) Assurances that the offeror will include in all subcontracts the contract clause "Utilization of Small Business Concerns." Assure that all subcontractors, other than small businesses, in excess of \$500,000 adopt a plan similar to the plan agreed upon by the offeror.
 - (10) Assurances that the offeror (and any required subcontractors) will cooperate in studies or surveys as required and submit required reports (SF 294 and SF 295) to the Government.
 - (11) List the types of records the offeror will maintain to demonstrate procedures that have been adopted to comply with the requirement and goals in the plan, including establishing source lists. Also, the offeror shall describe its efforts to locate Small, Small Disadvantaged, Women-Owned, HUBZone, Veteran-Owned, and Service Disabled Veteran-Owned Small Businesses and award subcontracts to them.

For additional information about each of the above elements required to be contained the subcontracting plan, see FAR Clause 52.219-9, Small Business Subcontracting Plan, and the Sample Subcontracting Plan which is provided as an Attachment to this RFP in SECTION J.

HHS expects each procuring activity to establish minimum subcontracting goals for all procurements. The anticipated minimum goals for this RFP are as follows:

- 23% Small Business
- 5% Small Disadvantaged Business
- 3% Women-Owned Small Business
- 5% HUBZone Small Business
- 3% Veteran-Owned Small Business
- 3% Service-Disabled Veteran-Owned Small Business

(15) Extent of Small Disadvantaged Business Participation

In accordance with FAR Subpart 15.304(c)(4), the extent of participation of Small Disadvantaged Business (SDB) concerns in performance of the contract in the authorized NAICS Industry Subsectors shall be evaluated in unrestricted competitive acquisitions expected to exceed \$500,000 (\$1,000,000 for construction) subject to certain limitations (see FAR 19.1202-1 and 19.1202-2(b)). The dollar amounts cited above include any option years/option quantities that may be included in this solicitation. The definition of a "small disadvantaged business" is cited in FAR 19.001.

The factor entitled "Extent of Small Disadvantaged Business Participation" as set forth under the Evaluation Criteria in Section M shall be used for evaluation purposes. Credit under this evaluation factor is not available to SDB concerns that receive a Price Evaluation Adjustment (PEA) under FAR 19.11. Therefore, an SDB will be evaluated on this factor only if that SDB concern waives the PEA. **Waiver of the price evaluation adjustment shall be clearly stated in the proposal.**

The Department of Commerce determines, on an annual basis, by Subsectors, as contained in the North American Industry Classification System (NAICS) codes, and region, if any, the authorized SDB procurement mechanisms and applicable factors (percentages). The NAICS codes can be found at: <http://www.sba.gov/size>

The Department of Commerce website for the annual determination is:

<http://www.arnet.gov/References/sdbadjustments.htm>

Offerors shall include with their offers, SDB targets, expressed as dollars and percentages of total contract value, in each of the applicable, authorized NAICS Industry Subsector(s). The applicable authorized NAICS Industry Subsector(s) for this project is (are) identified elsewhere in this RFP. A total target for SDB participation by the prime contractor, that includes any joint ventures and team members, shall be provided as well as a total target for SDB participation by subcontractors. In addition, offerors must provide information that describes their plans for meeting the targets set forth in their proposal. **This information shall be provided in one clearly marked section of the Business Proposal, which shall describe the extent of participation of SDB concerns in the performance of the contract.**

If the evaluation factor in this solicitation includes an SDB evaluation factor or subfactor that considers the extent to which SDB concerns are specifically identified, the SDB concerns considered in the evaluation shall be listed in any resultant contract. Offerors should note that addressing the extent of small disadvantaged business participation **is not in any way intended to be a substitute** for submission of the subcontracting plan, if it is required by this solicitation. An example of the type of information that might be given (in addition to the narrative describing the plan for meeting the targets) follows:

EXAMPLE

Targets for SDB Participation - NAICS Industry Subsector 223

	SDB Percentage of Total Contract Value	SDB Dollars
Total Contract Value- \$1,000,000	25%	\$250,000
SDB Participation by Prime	10%	\$100,000
(Includes joint venture partners and team arrangements)*		
SDB Participation by subcontractors	15%	\$150,000

***NOTE:** FAR Subpart 9.6 defines "Contractor team arrangements" to include two or more companies forming a partnership or joint venture to act as a potential prime contractor, or a potential prime contractor who agrees with one or more companies to have them act as its subcontractors on a specific contract or acquisition program. For purposes of evaluation of the SDB participation factor, FAR 19.1202-4 requires that SDB joint ventures and teaming arrangements at the prime level be presented separately from SDB participation by subcontractors.

(16) Reimbursement of Costs for Independent Research and Development Projects (Commercial Organizations Only)

The primary purpose of the Public Health Service (PHS) is to support and advance independent research within the scientific community. PHS has established effective, time tested and well recognized and accepted procedures for stimulating and supporting this independent research by selecting from multitudes of proposals those research projects most worthy of support within the constraints of its appropriations. The reimbursement of independent research and development costs not incidental to product improvement, through the indirect cost mechanism, would circumvent this competitive process.

To ensure that all research and development projects receive similar and equal consideration, all offerors may compete for direct funding for independent research and development projects they consider worthy of support by submitting those projects to the appropriate Public Health Service grant and/or contract office for review. Since these projects may be submitted for direct funding, the successful offeror agrees that no costs for any independent research and development project, including applicable indirect costs, will be claimed under any contract resulting from this solicitation.

(17) Salary Rate Limitation in Fiscal Year 2005

NOTE: This award is intended to be made in Fiscal Year 2005. The current Fiscal Year 2004 Salary Rate Limitations should be adhered to in the preparation of your proposal. All costs associated with any resultant award will be required to be in compliance with the current Fiscal Year 2004 limitations and will be subject to change based on Fiscal Year 2005 Salary Rate Limitations.

Offerors are advised that pursuant to P.L. 108-199, no NIH Fiscal Year 2004 (October 1, 2003 - September 30, 2004) funds may be used to pay the direct annual salary of an individual through any contract awarded as a result of this solicitation at a rate in excess of the Executive Schedule, Level I (direct salary is exclusive of Overhead, Fringe Benefits and General and Administrative expenses, also referred to as "indirect cost" or "facilities and administrative (F&A) costs"). Direct salary has the same meaning as the term "institutional base salary." An individual's direct salary (or institutional base salary) is the annual compensation that the contractor pays for an individual's appointment whether that individual's time is spent on research, teaching, patent care or other activities. Direct salary (or institutional base salary) excludes any income that an individual may be permitted to earn outside of duties to the contractor.

This does not preclude the offeror from absorbing that portion of an employee's annual salary (plus the dollar amount for fringe benefits and associated indirect costs) that exceeds a rate of the Executive Schedule, Level I. The salary rate limitation set by P.L. 108-199 applies only to Fiscal Year 2004 funds, however, salary rate ceilings for subsequent years may be included in future DHHS appropriation acts. Multi-year contracts awarded pursuant to this solicitation may be subject to unilateral modifications by the Government if an individual's annual salary exceeds any salary rate ceiling established in future appropriations acts. The Executive Schedule, Level I annual salary rate limit also applies to individuals proposed under subcontracts, however it does not apply to consultants. P.L. 108-199 states in pertinent part:

"None of the funds appropriated in this Act for the National Institutes of Health, the Agency for Healthcare Research and Quality, and the Substance Abuse, and Mental Health Services Administration shall be used to pay the salary of an individual through a grant or extramural mechanism at a rate in excess of Executive Level I."

LINK TO EXECUTIVE SCHEDULE SALARIES: <<http://www.opm.gov/oca/PAYRATES/index.htm>> (click on "Executive Schedule" for the current Fiscal Year's salary rate or scroll down to the "General Schedule Salary Tables from Previous Years" to locate the Executive Level salary rates from previous years).

(18) Institutional Responsibility Regarding Conflicting Interests of Investigators

EACH INSTITUTION MUST:

- (a) Maintain an appropriate written, enforced policy on conflict of interest that complies with 42 CFR Part 50 Subpart F and/or 45 CFR Part 94 as appropriate and inform each investigator of the Institution's policy, the Investigator's reporting responsibilities, and the applicable regulations. If the Institution carries out the NIH funded research through subgrantees, contractors or collaborators, the Institution must take reasonable steps to ensure that Investigators working for such entities comply with the regulations, either by requiring those investigators to comply with the Institution's policy or by requiring the entities to provide assurances to the Institution that will enable the Institution to comply with the regulations.
- (b) Designate an Institutional official(s) to solicit and review financial disclosure statements from each Investigator who is planning to participate in NIH-funded research.
- (c) Require that by the time an application/proposal is submitted to the NIH each investigator who is planning to participate in the NIH-funded research has submitted to the designated official(s) a listing of his/her known Significant Financial Interests (and those of his/her spouse and dependent children): (i) that would reasonably appear to be affected by the research for which the NIH funding is sought; and (ii) in entities whose financial interests would reasonably appear to be affected by the research. All financial disclosures must be updated during the period of the award, either on an annual basis or as new reportable Significant Financial Interests are obtained.
- (d) Provide guidelines consistent with the regulations for the designated official(s) to identify conflicting interests and take such actions as necessary to ensure that such conflicting interests will be managed, reduced, or eliminated.
- (e) Maintain records, identifiable to each award, of all financial disclosures and all actions taken by the institution with respect to each conflicting interest for: (1) in the case of grants, at least three years from the date of submission of the final expenditures report or, where applicable, from other dates specified in 45 CFR Part 74.53(b) and (2) in the case of contracts, 3 years after final payment or, where applicable, for the other time period specified in 48 CFR Part 4 Subpart 4.7, Contract Records Retention.
- (f) Establish adequate enforcement mechanisms and provide for sanctions where appropriate.
- (g) Certify, in each application/proposal for funding to which the regulations applies, that:
 - 1) there is in effect at the Institution a written and enforced administrative process to identify and manage, reduce or eliminate conflicting interests with respect to all research projects for which funding is sought from the NIH;

- 2) prior to the Institution's expenditure of any funds under the award, the Institution will report to the awarding component the existence of a conflicting interest (but not the nature of the interest or other details) found by the Institution and assure that the interest has been managed, reduced or eliminated in accord with the regulations; and for any interest that the Institution identifies as conflicting subsequent to the expenditure of funds after award, the report will be made and the conflicting interest managed, reduced, or eliminated, at least on a temporary basis within sixty days of that identification;
- 3) the Institution agrees to make information available, upon request, to the awarding component regarding all conflicting interests identified by the Institution and how those interested have been managed, reduced, or eliminated to protect the research from bias; and
- 4) the Institution will otherwise comply with the regulations.

INSTITUTIONAL MANAGEMENT OF CONFLICTING INTERESTS

- (a) The designated official(s) must: (1) review all financial disclosures; and (2) determine whether conflict of interest exists, and if so, determine what actions should be taken by the Institution to manage, reduce or eliminate such conflict of interest. **A conflict of interest exists when the designated official(s) reasonably determines that a Significant Financial Interest could directly and significantly affect the design, conduct, or reporting of the NIH-funded research.**

Examples of conditions or restrictions that might be imposed to manage actual or potential conflicts of interests include, but are not limited to:

- (i) public disclosure of significant financial interests;
 - (ii) monitoring of research by independent reviewers;
 - (iii) modification of the research plan;
 - (iv) disqualification of the Investigator(s) from participation in all or a portion of the research funded by the awarding component;
 - (v) divestiture of significant financial interests; or
 - (vi) severance of relationships that create actual or potential conflicts of interests.
- (b) An Institution may require the management of other conflicting financial interests in addition to those described in paragraph (a) of this section, as the Institution deems appropriate.

(19) Past Performance Information

- a) Offerors shall submit the following information as part of their BUSINESS proposal.

A list of the last five (5) contracts completed during the past three (3) years and the last three (3) contracts awarded currently in process that are similar in nature to the solicitation workscope. Contracts listed may include those entered into by the Federal Government, agencies of state and local governments and commercial concerns. Offerors that are newly formed entities without prior contracts should list contracts and subcontracts as required above for all key personnel.

Include the following information for each contract or subcontract:

1. Name of Contracting Organization
2. Contract Number (for subcontracts, provide the prime contract number and the subcontract number)
3. Contract Type
4. Total Contract Value
5. Description of Requirement
6. Contracting Officer's Name and Telephone Number
7. Program Manager's Name and Telephone Number
8. Standard Industrial Code

The offeror may provide information on problems encountered on the identified contracts and the offeror's corrective actions.

- b) Each offeror will be evaluated on its performance under existing and prior contracts for similar products or services. The Government is not required to contact all references provided by the offeror. Also, references other than those identified by the offeror may be contacted by the Government to obtain additional information that will be used in the evaluation of the offeror's past performance.

(20) Electronic and Information Technology Accessibility

Section 508 of the Rehabilitation Act of 1973 (29 U.S.C. 794d), as amended by P.L.105-220 under Title IV (Rehabilitation Act Amendments of 1998) and the Architectural and Transportation Barriers Compliance Board Electronic and Information Technology (EIT) Accessibility Standards (36 CFR part 1194) require that all EIT acquired must ensure that:

1. Federal employees with disabilities have access to and use of information and data that is comparable to the access and use by Federal employees who are not individuals with disabilities; and
2. Members of the public with disabilities seeking information or services from an agency have access to and use of information and data that is comparable to the access to and use of information and data by members of the public who are not individuals with disabilities.

This requirement includes the development, maintenance, and/or use of EIT products/services, therefore, any proposal submitted in response to this solicitation must demonstrate compliance with the established EIT Accessibility Standards.

Further information about Section 508 is available via the Internet at <http://www.section508.gov> .

(21) **Solicitation Provisions Incorporated by Reference**, FAR 52.252-1 (February 1998)

This Solicitation incorporates one or more solicitation provisions by reference, with the same force and effect as if they were given in full text. Upon request, the Contracting Officer will make their full text available. The offeror is cautioned that the listed provisions may include blocks that must be completed by the offeror and submitted with its quotation or offer. In lieu of submitting the full text provisions, the offeror may identify the provision by paragraph identifier and provide the appropriate information with its quotation or offer. Also, the full text of a solicitation provision may be accessed electronically at this address: <http://www.arnet.gov/far/>.

FEDERAL ACQUISITION REGULATION (48 CFR CHAPTER 1):

- a) Facilities Capital Cost of Money, FAR Clause 52.215-16, (October 1997).
- b) Order of Precedence-Uniform Contract Format, FAR Clause 52.215-8, (October 1997).
- c) Preaward On-Site Equal Opportunity Compliance Evaluation, (Over \$10,000,000), FAR Clause 52.222-24, (February 1999).

(22) **Prohibition on Contractor Involvement with Terrorist Activities**

The Offeror/Contractor acknowledges that U. S. Executive Orders and Laws, including but not limited to E.O. 13224 and P.L. 107-56, prohibit transactions with, and the provision of resources and support to, individuals and organizations associated with terrorism. It is the legal responsibility of the contractor to ensure compliance with these Executive Orders and Laws. This clause must be included in all subcontracts issued under any resultant contract(s).

b. TECHNICAL PROPOSAL INSTRUCTIONS

Your technical proposal must be prepared in accordance with the format provided as APPENDIX A entitled “Additional Technical Proposals Instructions – Format for Technical Proposal – Table of Contents.”

A detailed work plan must be submitted indicating how each aspect of the statement of work is to be accomplished. Your technical approach should be in as much detail as you consider necessary to fully explain your proposed technical approach or method. The technical proposal should reflect a clear understanding of the nature of the work being undertaken. The technical proposal must include information on how the project is to be organized, staffed, and managed. Information should be provided which will demonstrate your understanding and management of important events or tasks.

(1) Technical Discussions

The technical discussion included in the technical proposal should respond to the items set forth below:

a) Statement of Work

(1) Objectives

State the overall objectives and the specific accomplishments you hope to achieve. Indicate the rationale for your plan, and relation to comparable work in progress elsewhere. Review pertinent work already published which is relevant to this project and your proposed approach. This should support the scope of the project as you perceive it.

(2) Approach

Use as many subparagraphs, appropriately titled, as needed to clearly outline the general plan of work. Discuss phasing of research and, if appropriate, include experimental design and possible or probable outcome of approaches proposed.

(3) Methods

Describe in detail the methodologies you will use for the project, indicating your level of experience with each, areas of anticipated difficulties, and any unusual expenses you anticipate.

(4) Schedule

Provide a schedule for completion of the work and delivery of items specified in the statement of work. Performance or delivery schedules shall be indicated for phases or segments, as applicable, as well as for the overall program. Schedules shall be shown in terms of calendar months from the date of authorization to proceed or, where applicable, from the date of a stated event, as for example, receipt of a required approval by the Contracting Officer. Unless the request for proposal indicates that the stipulated schedules are mandatory, they shall be treated as desired or recommended schedules. In this event, proposals based upon the offeror's best alternative schedule, involving no overtime, extra shift or other premium, will be accepted for consideration.

b) Personnel

Describe the experience and qualifications of personnel who will be assigned for direct work on this program. Information is required which will show the composition of the task or work group, its general qualifications, and recent experience with similar equipment or programs. Special mention shall be made of direct technical supervisors and key technical personnel, and the approximate percentage of the total time each will be available for this program. **Refer also to APPENDIX B of this solicitation package for additional personnel information.**

OFFERORS SHOULD ASSURE THAT THE PRINCIPAL INVESTIGATOR, AND ALL OTHER PERSONNEL PROPOSED, SHALL NOT BE COMMITTED ON FEDERAL GRANTS AND CONTRACTS FOR MORE THAN A TOTAL OF 100% OF THEIR TIME. IF THE SITUATION ARISES WHERE IT IS DETERMINED THAT A PROPOSED EMPLOYEE IS COMMITTED FOR MORE THAN 100% OF HIS OR HER TIME, THE GOVERNMENT WILL REQUIRE ACTION ON THE PART OF THE OFFEROR TO CORRECT THE TIME COMMITMENT.

(1) Principal Investigator/Project Director

List the name of the Principal Investigator/Project Director responsible for overall implementation of the contract and key contact for technical aspects of the project. Even though there may be co-investigators, identify the Principal Investigator/Project Director who will be responsible for the overall implementation of any awarded contract. Discuss the qualifications, experience, and accomplishments of the Principal Investigator/Project Director. State the estimated time to be spent on the project, his/her proposed duties, and the areas or phases for which he/she will be responsible.

(2) Other Investigators

List all other investigators/professional personnel who will be participating in the project. Discuss the qualifications, experience, and accomplishments. State the estimated time each will spend on the project, proposed duties on the project, and the areas or phases for which each will be responsible.

(3) Additional Personnel

List names, titles, and proposed duties of additional personnel, if any, who will be required for full-time employment, or on a subcontract or consultant basis. The technical areas, character, and extent of subcontract or consultant activity will be indicated and the anticipated sources will be specified and qualified. For all proposed personnel who are not currently members of the offeror's staff, a letter of commitment or other evidence of availability is required. A resume does not meet this requirement. Commitment letters for use of consultants and other personnel to be hired must include:

- The specific items or expertise they will provide.
- Their availability to the project and the amount of time anticipated.
- Willingness to act as a consultant.
- How rights to publications and patents will be handled.

(4) Resumes

Resumes of all key personnel are required. Each must indicate educational background, recent experience, specific or technical accomplishments, and a listing of relevant publications. Limit resumes for key personnel to 2-3 pages.

(2) Mandatory Qualification Criteria and Technical Evaluation

Proposals will be accepted at time of receipt of initial submission based on the terms set forth in SECTION M, paragraph 2., Mandatory Qualification Criteria.

Only those proposals that meet the Mandatory Qualification Criteria will be technically evaluated in accordance with the factors, weights, and order of relative importance as described in the Technical Evaluation Criteria (SEE SECTION M).

(3) Additional Technical Proposal Information

- a) Proposals which merely offer to conduct a program in accordance with the requirements of the Government's scope of work will not be eligible for award. The offeror must submit an explanation of the proposed technical approach in conjunction with the tasks to be performed in achieving the project objectives.

- b) The technical evaluation is conducted in accordance with the weighted technical evaluation criteria by an initial review panel. This evaluation produces a numerical score (points) which is based upon the information contained in the offeror's proposal only.

(4) Other Considerations

Record and discuss specific factors not included elsewhere which support your proposal. Using specifically titled subparagraphs, items may include:

- a) Any agreements and/or arrangements with subcontractor(s). Provide as much detail as necessary to explain how the statement of work will be accomplished within this working relationship.
- b) Unique arrangements, equipment, etc., which none or very few organizations are likely to have which is advantageous for effective implementation of this project.
- c) Equipment and unusual operating procedures established to protect personnel from hazards associated with this project.
- d) Other factors you feel are important and support your proposed research.
- e) Recommendations for changing reporting requirements if such changes would be more compatible with the offeror's proposed schedules.

(5) Human Subjects

IMPORTANT NOTE TO OFFERORS: The following 11 paragraphs [(6) through (16)] shall be addressed in a SEPARATE SECTION of the Technical Proposal entitled, "HUMAN SUBJECTS."

The following notice is applicable when contract performance is expected to involve risk to human subjects:

Notice to Offerors of Requirements of 45 CFR Part 46, Protection of Human Subjects (JANUARY 2001)

- a) Copies of the Department of Health and Human Services (Department) regulations for the protection of human subjects, 45 CFR Part 46, are available from the Office of Protection from Research Risks (OPRR), National Institutes of Health (NIH), Bethesda, Maryland 20892*. The regulations provide a systematic means, based on established ethical principles, to safeguard the rights and welfare of individuals who participate as subjects in research activities supported or conducted by the Department.
- b) The regulations define a human subject as a living individual about whom an investigator (whether professional or student) conducting research obtains data through intervention or interaction with the individual, or identifiable private information. The regulations extend to the use of human organs, tissue and body fluids from individually identifiable human subjects as well as to graphic, written or recorded information derived from individually identifiable human subjects. The use of autopsy materials is governed by applicable State and local law and is not directly regulated by 45 CFR, Part 46.
- c) Activities in which the only involvement of human subjects will be in one or more of the categories set forth in 45 CFR 46.101(b)(1-6) are exempt from coverage.
- d) Inappropriate designations of the noninvolvement of human subjects or of exempt categories of research in a project may result in delays in the review of a proposal. The National Institutes of Health will make a final determination of whether the proposed activities are covered by the regulations or are in an exempt category, based on the information provided in the proposal. In doubtful cases, prior consideration with OPRR*, (telephone: 301-496-7014*), is recommended.
- e) In accordance with 45 CFR, Part 46, prospective Contractors being considered for award shall be required to file with OPRR* an acceptable Assurance of Compliance with the regulations, specifying review procedures and assigning responsibilities for the protection of human subjects. The initial and continuing review of a

research project by an institutional review board shall assure that the rights and welfare of the human subjects involved are adequately protected, that the risks to the subjects are reasonable in relation to the potential benefits, if any, to the subjects and the importance of the knowledge to be gained, and that informed consent will be obtained by methods that are adequate and appropriate. Prospective Contractors proposing research that involves human subjects shall be contacted by OPRR* and given detailed instructions for establishing an institutional review board and filing an Assurance of Compliance.

- f) It is recommended that OPRR* be consulted for advice or guidance concerning either regulatory requirements or ethical issues pertaining to research involving human subjects. (End of Provision)

**Note: The Office for Human Research Protections (OHRP), Office of the Secretary (OS), Department of Health and Human Services (DHHS) is the office responsible for oversight of the Protection of Human subjects and should replace Office for Protection from Research Risks (OPRR), National Institutes of Health (NIH) wherever it appears in this provision. The phone number to reach this office is 301-496-7014. For more information, the OHRP website may be accessed at <http://ohrp.osophs.dhhs.gov/> Copies of the DHHS Regulations for the Protection of Human Subjects, 45 CFR Part 46, are also available on line at http://www.access.gpo.gov/nara/cfr/waisidx_01/45cfr46_01.html.*

(6) Instructions to Offerors Regarding Protection of Human Subjects

Offerors must address the following human subjects protections issues if this contract will be for research involving human subjects (note: under each of the following points below, the offeror should indicate whether the information provided relates to the primary research site, or to a collaborating performance site(s), or to all sites:

(a) Risks to the subjects

Human Subjects Involvement and Characteristics:

- Describe the proposed involvement of human subjects in response to the solicitation.
- Describe the characteristics of the subject population, including their anticipated number, age range, and health status.
- Identify the criteria for inclusion or exclusion of any subpopulation. Explain the rationale for the involvement of special classes of subjects, such as fetuses, pregnant women, children, prisoners, institutionalized individuals, or others who are likely to be vulnerable populations.

Sources of Materials:

- Identify the sources of research material obtained from individually identifiable living human subjects in the form of specimens, records, or data. Indicate whether the material or data will be obtained specifically for research purposes or whether use will be made of existing specimens, records, or data.

Potential Risks:

- Describe the potential risks to subjects (physical, psychological, social, legal, or other) and assess their likelihood and seriousness to the subjects.
- Describe alternative treatments and procedures, including the risks and benefits of the alternative treatments and procedures, to participants in the proposed research, where appropriate.

(b) Adequacy of Protection Against Risks

Recruitment and Informed Consent:

- Describe plans for the recruitment of subjects and the procedures for obtaining informed consent. Include a description of the circumstances under which consent will be sought and obtained, who will seek it, the nature of the information to be provided to prospective subjects, and the method of documenting consent. The informed consent document for the contractor and any collaborating sites should be submitted only if

requested elsewhere in the solicitation. Be aware that an IRB-approved informed consent document for the contractor and any participating collaborative sites must be provided to the Government prior to patient accrual or participant enrollment.

Protection Against Risk:

- Describe the procedures for protecting against or minimizing potential risks, including risks to confidentiality, and assess their likely effectiveness.
- Discuss provisions for ensuring necessary medical or professional intervention in the event of adverse effects to the subjects where appropriate.
- In studies that involve interventions, describe the provisions for data and safety monitoring of the research to ensure the safety of subjects.

(c) Potential Benefits of the Proposed Research to the Subjects and Others

- Discuss the potential benefits of the research to the subjects and others.
- Discuss why the risks to subjects are reasonable in relation to the anticipated benefits to subjects and others.
- Describe treatments and procedures that are alternatives to those provided to the participants by the proposed research, where appropriate.

(d) Importance of the Knowledge to be Gained

- Discuss the importance of the knowledge gained or to be gained as a result of the proposed research.
- Discuss why the risks to subjects are reasonable in relation to the importance of the knowledge that may reasonably be expected to result.

Note: If a test article (investigational new drug, device, or biologic) is involved, name the test article and state whether the 30-day interval between submission of offeror's certification to the Food and Drug Administration (FDA) and its response has elapsed or has been waived and/or whether the FDA has withheld or restricted use of the test article.

(7) Collaborating Site(s)

When research involving human subjects will take place at collaborating site(s) or other performance site(s), the offeror must provide in this section of its proposal a list of the collaborating sites and their assurance numbers. Further, if you are awarded a contract, you must obtain in writing, and keep on file, an assurance from each site that the previous points have been adequately addressed at a level of attention that is at least as high as that documented at your organization. Site(s) added after an award is made must also adhere to the above requirements.

(8) Required Education in the Protection of Human Research Participants

NIH policy requires education on the protection of human subject participants for all investigators submitting NIH proposals for contracts for research involving human subjects. This policy announcement is found in the [NIH Guide for Grants and Contracts](http://grants.nih.gov/grants/guide/notice-files/NOT-OD-00-039.html) Announcement dated June 5, 2000 at the following website: <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-00-039.html>. Offerors should review the policy announcement prior to submission of their offers. The following is a summary of the Policy Announcement:

For any solicitation for research involving human subjects, the offeror shall provide in its technical proposal the following information: (1) a list of the names of the principal investigator and any other individuals proposed under the contract who are responsible for the design and/or conduct of the research; (2) the title of the education program completed (or to be completed prior to the award of the contract) for each named personnel; (3) a one sentence

description of the program(s) listed in (2) above. This requirement extends to investigators and all individuals responsible for the design and/or conduct of the research who are working as subcontractors or consultants under the contract.

Curricula that are readily available and meet the educational requirement include the NIH on-line tutorial, titled "Protection of Human Research Subjects: Computer-Based Training for Researchers," available at <http://ohsr.od.nih.gov/cbt/>. You may download the information at this site at no cost and modify it, if desired. In addition, the University of Rochester has made its training program available for individual investigators. Completion of this program will also satisfy the educational requirement. The University of Rochester manual can be obtained through Centerwatch, Inc. at http://www.centerwatch.com/order/pubs_profs_protect.html. If an institution already has developed educational programs on the protection of research participants, completion of these programs also will satisfy the educational requirement.

In addition, prior to the substitution of the principal investigator or any other individuals responsible for the design and/or conduct of the research under the contract, the contractor shall provide the contracting officer with the title of the education program and a one sentence description of the program that the replacement has completed.

(9) Inclusion of Women and Minorities in Research Involving Human Subjects

It is NIH policy that women and members of minority groups and their sub-populations must be included in all NIH-supported clinical research projects involving human subjects, unless a clear and compelling rationale and justification establishes to the satisfaction of the relevant Institute/Center Director that inclusion is inappropriate with respect to the health of the subjects or the purpose of the research. The Director, NIH, may determine that exclusion under other circumstances is acceptable, upon the recommendation of an Institute/Center Director, based on a compelling rationale and justification. Cost is not an acceptable reason for exclusion except when the study would duplicate data from other sources. Women of childbearing potential should not be routinely excluded from participation in clinical research. This policy results from the NIH Revitalization Act of 1993 (Section 492B of Public Law 103-43), *and applies to research subjects of all ages*.

All investigators proposing research involving human subjects should read the UPDATED "NIH Policy and Guidelines on the Inclusion of Women and Minorities as Subjects in Clinical Research, Amended October 2001," published in the NIH Guide for Grants and Contracts on October 9, 2001 at the following web site:

http://grants.nih.gov/grants/funding/women_min/guidelines_amended_10_2001.htm

These guidelines contain a definition of **clinical research** adopted in June 2001, as: "(1) Patient-oriented research. Research conducted with human subjects (or on material of human origin such as tissues, specimens and cognitive phenomena) for which an investigator (or colleague) directly interacts with human subjects. Excluded from this definition are in vitro studies that utilize human tissues that cannot be linked to a living individual. Patient-oriented research includes (a) mechanisms of human disease, (b) therapeutic interventions, (c) clinical trials, and (d) development of new technologies; (2) Epidemiologic and behavioral studies; and (3) Outcomes research and health services research" (<http://www.nih.gov/news/crp/97report/execsum.htm>).

Information Required for ALL Clinical Research Proposals

This solicitation contains a review criterion addressing the adequacy of: (1) the offeror's plans for inclusion of women and minorities in the research proposed; or (2) the offeror's justification(s) for exclusion of one or both groups from the research proposed.

Provide information on the composition of the proposed study population in terms of sex/gender and racial/ethnic groups and provide a rationale for selection of such subjects in response to the requirements of the solicitation. The description may include (but is not limited to) information on the population characteristics of the disease or condition being studied in the planned research, and/or described in the statement of work, national and local demography, knowledge of the racial/ethnic/cultural characteristics of the population, prior experience and collaborations in recruitment and retention of the populations and subpopulations to be studied, and the plans, arrangements and letters of commitment from relevant community groups and organizations for the planned research.

The proposal must include the following information:

- A description of the subject selection criteria
- The proposed dates of enrollment (beginning and end)
- A description of the proposed outreach programs for recruiting women and minorities as subjects
- A compelling rationale for proposed exclusion of any sex/gender or racial/ethnic group
- The proposed sample composition using the “Targeted/Planned Enrollment Table”(see Section J, Attachments)

NOTE 1: For all proposals, use the ethnic and racial categories and complete the “Targeted/Planned Enrollment Table in accordance with the Office of Management and Budget (OMB) Directive No. 15, which may be found at: <http://www.whitehouse.gov/omb/fedreg/ombdir15.html>.

NOTE 2: If this is an Indefinite Delivery, Indefinite Quantity (IDIQ) or Requirements contract as defined in FAR 16.5, the proposal should describe in general terms how it will comply with each bulleted item above for each task order. When the Government issues a task order request for proposal, each of the bulleted information items must be fully and specifically addressed in the proposal.

Standards for Collecting Data. When you, as a contractor, are planning data collection items on race and ethnicity, you shall use, at a minimum, the categories identified in OMB Directive No. 15. The collection of greater detail is encouraged. However, you should design any additional, more detailed items so that they can be aggregated into these required categories. Self-reporting or self-identification using two separate questions is the preferred method for collecting data on race and ethnicity. When you collect race and ethnicity separately, you must collect ethnicity first. You shall offer respondents the option of selecting one or more racial designations. When you collect data on race and ethnicity separately, you shall also make provisions to report the number of respondents in each racial category who are Hispanic or Latino. When you present aggregate data, you shall provide the number of respondents who selected only one category, for each of the five racial categories. If you collapse data on multiple responses, you shall make available, at a minimum, the total number of respondents reporting “more than one race.” Federal agencies shall not present data on detailed categories if doing so would compromise data quality or confidentiality standards.

In addition to the above requirements, solicitations for **NIH defined Phase III clinical trials**¹ require that: a) all proposals and/or protocols provide a description of plans to conduct analyses, as appropriate, to detect significant differences in intervention effect (see NIH Guide:

http://grants.nih.gov/grants/funding/women_min/guidelines_amended_10_2001.htm,
Definitions - Significant Difference),

by sex/gender, racial/ethnic groups, and relevant subpopulations, if applicable; and b) all contractors to report annually cumulative subject accrual, and progress in conducting analyses for sex/gender and race/ethnicity differences.

Offerors may obtain copies of the Updated Guidelines from the sources above or from the contact person listed in the solicitation.

Also, the proposal must include one of the following plans:

- Plans to conduct valid analysis to detect significant differences in intervention effect among sex/gender and/or racial/ethnic subgroups when prior studies strongly support these significant differences among subgroups, OR
- Plans to include and analyze sex/gender and/or racial/ethnic subgroups when prior studies strongly support no significant differences in intervention effect between subgroups, OR

¹See NIH Guide http://grants.nih.gov/grants/funding/women_min/guidelines_amended_10_2001.htm for the Definition of an “NIH-Defined Phase III clinical trial.”

- Plans to conduct valid analyses of the intervention effect in sex/gender and/or racial/ethnic subgroups (without requiring high statistical power for each subgroup) when the prior studies neither support nor negate significant differences in intervention effect between subgroups.

Use the form in Section J, Attachments, entitled, "Targeted/Planned Enrollment Table," when preparing your response to the solicitation requirements for inclusion of women and minorities.

Unless otherwise specified in this solicitation, the Government has determined that the work required by this solicitation does not involve a sex/gender specific study or a single or limited number of minority population groups. Therefore, the NIH believes that the inclusion of women and minority populations is appropriate for this project. (See Section M of this RFP for more information about evaluation factors for award.)

Use the format for the Annual Technical Progress Report for Clinical Research Study Populations (See Section J - List of Documents, Exhibits and Other Attachments of the RFP) entitled, "Inclusion Enrollment Report," for reporting in the resultant contract.

(10) Inclusion of Children in Research Involving Human Subjects

It is NIH policy that children (defined below) must be included in all human subjects research, including, but not limited to, clinical trials, conducted under a contract funded by the NIH, unless there are *clear and compelling* reasons not to include them. **(See examples of Justifications for Exclusion of Children below).** For the purposes of this policy, contracts involving human subjects include categories that would otherwise be exempt from the DHHS Policy for Protection of Human Research Subjects (sections 101(b) and 401(b) of 45 CFR 46), such as surveys, evaluation of educational interventions, and studies of existing data or specimens that should include children as participants. This policy applies to both domestic and foreign research contracts.

For purposes of this policy, a child is defined as an individual under the age of 21 years.

All offerors proposing research involving human subjects should read the "NIH Policy and Guidelines on the Inclusion of Children as Participants in Research Involving Human Subjects" which was published in the NIH Guide for Grants and Contracts on March 6, 1998 and is available at the following URL address:

<http://www.nih.gov/grants/guide/notice-files/not98-024.html>

Offerors also may obtain copies from the contact person listed in the RFP.

Inclusion of children as participants in research must be in compliance with all applicable subparts of 45 CFR 46 as well as other pertinent laws and regulations whether or not such research is otherwise exempted from 45 CFR 46. Therefore, any proposals must include a description of plans for including children, unless the offeror presents clear and convincing justification for an exclusion. The "Human Subjects" section of your technical proposal should provide either a description of the plans to include children and a rationale for selecting or excluding a specific age range of child, or an explanation of the reason(s) for excluding children as participants in the research. This solicitation contains a review criterion addressing the adequacy of: (1) the plans for including children as appropriate for the scientific goals of the research; and/or (2) the justification of exclusion of children or exclusion of a specific age range of children.

When children are included, the plan also must include a description of: (1) the expertise of the investigative team for dealing with children at the ages included; (2) the appropriateness of the available facilities to accommodate the children; and, (3) the inclusion of a sufficient number of children to contribute to a meaningful analysis relative to the purpose/objective of the solicitation.

Justifications for Exclusion of Children

It is expected that children will be included in all research involving human subjects unless one or more of the following exclusionary circumstances can be fully justified:

- The objective of the solicitation is not relevant to children.
 - There are laws or regulations barring the inclusion of children in the research to be conducted under the solicitation.
 - The knowledge being sought in the research is already available for children or will be obtained from another ongoing study, and an additional study will be redundant. You should provide documentation of other studies justifying the exclusion.
 - A separate, age-specific study in children is warranted and preferable. Examples include:
 - The relative rarity of the condition in children, as compared with adults (in that extraordinary effort would be needed to include children); or
 - The number of children is limited because the majority are already accessed by a nationwide pediatric disease research network; or
 - Issues of study design preclude direct applicability of hypotheses and/or interventions to both adults and children (including different cognitive, developmental, or disease stages of different age-related metabolic processes); or
 - Insufficient data are available in adults to judge potential risk in children (in which case one of the research objectives could be to obtain sufficient adult data to make this judgment). While children usually should not be the initial group to be involved in research studies, in some instances, the nature and seriousness of the illness may warrant their participation earlier based on careful risk and benefit analysis; or
 - Study designs aimed at collecting additional data on pre-enrolled adult study subjects (e.g., longitudinal follow-up studies that did not include data on children);
 - Other special cases justified by the offeror and found acceptable to the review group and the Institute Director

Definition of a Child

For the purpose of this solicitation, a child is defined as an individual under the age of 21 years.

The definition of child described above will pertain to this solicitation (notwithstanding the FDA definition of a child as an individual from infancy to 16 years of age, and varying definitions employed by some states). Generally, State laws define what constitutes a “child,” and such definitions dictate whether or not a person can legally consent to participate in a research study. However, State laws vary, and many do not address when a child can consent to participate in research. Federal Regulations (45 CFR 46, subpart D, Sec.401-409) address DHHS protections for children who participate in research, and rely on State definitions of “child” for consent purposes. Consequently, the children included in this policy (persons under the age of 21) may differ in the age at which their own consent is required and sufficient to participate in research under State law. For example, some states consider a person age 18 to be an adult and therefore one who can provide consent without parental permission.

(11) Data and Safety Monitoring in Clinical Trials

All offerors are directed to the full text of the NIH Policies regarding Data and Safety Monitoring and Reporting of Adverse Events that are found in the [NIH Guide for Grants and Contracts Announcements](#) at the following web sites:

<http://grants.nih.gov/grants/guide/notice-files/not98-084.html>
<http://grants.nih.gov/grants/guide/notice-files/not99-107.html>
<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-00-038.html>

All offerors receiving an award under this solicitation must comply with the NIH Policy cited in these NIH Announcements and any other data and safety monitoring requirements found elsewhere in this solicitation.

The following is a brief summary of the Data and Safety Monitoring and Adverse Event Reporting Requirements:

Data and Safety Monitoring is required for every clinical trial. Monitoring must be performed on a regular basis and the conclusions of the monitoring reported to the Project Officer.

The type of data and safety monitoring required will vary based on the type of clinical trial and the potential risks, complexity and nature of the trial. A plan for data and safety monitoring is required for all clinical trials. A general description of a monitoring plan establishes the overall framework for data and safety monitoring. It should describe the entity that will be responsible for the monitoring, and the policies and procedures for adverse event reporting. Phase III clinical trials generally require the establishment of a Data Safety Monitoring Board (DSMB). The establishment of a DSMB is optional for Phase I and Phase II clinical trials.

The DSMB/Plan is established at the time the protocol is developed and must be approved by both the Institutional Review Board (IRB) and the Government and in place before the trial begins. If the protocol will be developed under the contract awarded from this solicitation, a general description of the data and safety monitoring plan must be submitted as part of the proposal and will be reviewed by the scientific review group (Technical Evaluation Panel, (TEP)) convened to evaluate the proposal. If the protocol is developed and is included as part of the submitted proposal, a complete and specific data and safety monitoring plan must be submitted as part of the proposal.

Monitoring Plans, at a minimum, must include the prompt reporting of adverse events to the IRB, the NIH Office of Biotechnology Activities (OBA), and the Food and Drug Administration (FDA). Also, in the plan you should describe the frequency of reporting of the conclusions of the monitoring activities. The overall elements of each plan may vary depending on the size and complexity of the trial. The NIH Policy for Data and Safety Monitoring at <http://grants.nih.gov/grants/guide/notice-files/not98-084.html> describes examples of monitoring activities to be considered.

The frequency of monitoring will depend upon potential risks, complexity, and the nature of the trial; therefore a number of options for monitoring trials are available. These can include, but are not limited to, monitoring by a:

- Principal Investigator (required)
- Independent individual /Safety Officer
- Designated medical monitor
- Internal Committee or Board with explicit guidelines
- Data and Safety Monitoring Board (DSMB - required for multisite trials)
- Institutional Review Board (IRB - required)

For multi-site Phase I and Phase II trials, a central reporting entity that will be responsible for preparing timely summary reports of adverse events for distribution among sites and IRBs should be considered.

Organizations with a large number of clinical trials may develop standard monitoring plans for Phase I and Phase II trials. In this case, such organizations may include the IRB-approved monitoring plan as part of the proposal submission.

(12) Research Involving Human Fetal Tissue

Human Fetal Tissue means tissue or cells obtained from a dead human fetus, including human embryonic stem cells, human pluripotent stem cells and human embryonic germ cells.

The governing federal statute is the Public Health Service Act, 42 U.S.C. 289g-1 and 289g-2. Implementing regulations and guidance for conducting research on human fetal tissue may be found at 45 CFR 46, Subpart B and <http://grants1.nih.gov/grants/guide/notice-files/not93-235.html> and any subsequent revisions to this NIH Guide to Grants and Contracts ("Guide") Notice.

By signing the face page of the proposal, the offeror (authorized institutional official) certifies that researchers using human fetal tissue are in compliance with 42 USC 289g-2. This statute specifically prohibits any person from knowingly acquiring, receiving, or transferring any human fetal tissue for valuable consideration. "Valuable consideration" is a concept similar to profit, and does not include reasonable payment for costs associated with the collection processing, preservation, storage, quality control or transportation of these tissues.

Research involving the transplantation of human fetal tissue must be conducted in accordance with applicable Federal, State and local law.

(13) Research Involving Prisoners as Subjects

- a. HHS Regulations at 45 CFR Part 46, Subpart C provide additional protections pertaining to biomedical and behavioral research involving prisoners or those individuals who, during the period of the contract become prisoners, as subjects. These regulations also set forth the duties of the Institutional Review Board (IRB) where prisoners are involved in the research. HHS-funded research involving prisoners as subjects may not proceed until the Office for Human Research Protections (OHRP) issues approval, in writing, as required by 45 CFR 46.306(a)(2). In addition, OHRP Guidance on the Involvement of Prisoners in Research may be found at: <http://ohrp.osophs.dhhs.gov/humansubjects/guidance/prisoner.htm>.

- b. HHS Waiver for Epidemiological Research Involving Prisoners as Subjects

On June 20, 2003 the Secretary of HHS waived the applicability of certain provisions of Subpart C of 45 CFR Part 46, (Additional DHHS Protections Pertaining to Biomedical and Behavioral Research Involving Prisoners as Subjects) to specific types of epidemiological research involving prisoners as subjects.

The applicability of 45 CFR 46.305(a)(1) and 46.306(a)(2) for certain epidemiological research conducted or funded by DHHS is waived when:

1. The sole purposes are:
 - a) to describe the prevalence or incidence of a disease by identifying all cases, or
 - b) to study potential risk factor associations for a disease, and
2. The Institution responsible for the conduct of the research certifies to the OHRP that the Institutional Review Board (IRB) approved the research and fulfilled its duties under 45 CFR 46.305(a)(2-7) and determined and documented that:
 - a) the research presents no more than minimal risk, and
 - b) no more than inconvenience to the prisoner-subjects, and
 - c) prisoners are not a particular focus of the research.

For more information about this Waiver see <http://ohrp.osophs.dhhs.gov/references/fr06-20.pdf>

(14) Research Involving Recombinant DNA Molecules (including Human Gene Transfer Research)

Recombinant DNA Molecules are either 1) molecules that are constructed outside of living cells by joining natural or synthetic DNA segments to DNA molecules that can replicate in a living cell, or 2) DNA molecules that result from the replication of those described in 1).

The NIH Guidelines for Research Involving Recombinant DNA Molecules (<http://www4.od.nih.gov/oba/rac/guidelines/guidelines.html>) and the May 28, 2002 Notice, Compliance with the NIH Guidelines for Research Involving Recombinant DNA Molecules (<http://grants1.nih.gov/grants/guide/notice-files/NOT-OD-02-052.html>) and any subsequent revisions to the Guide Notice) stipulates biosafety and containment measures for recombinant DNA research and delineates critical, ethical principles and key safety reporting requirements for human gene transfer research (See Appendix M of the NIH Guidelines). These guidelines apply to both basic and clinical research studies.

The Recombinant DNA Advisory Committee (RAC) is charged with the safety of manipulation of genetic material through the use of recombinant DNA techniques. Prior to beginning any clinical trials involving the transfer of recombinant DNA to humans, the trial must be registered with the RAC. If this contract involves new protocols that contain unique and/or novel issues, the RAC must discuss them in a public forum and then the Institutional Biosafety Committee (IBC), the Institutional Review Board (IRB), and the project officer and contracting officer must approve the protocol prior to the start of the research.

Failure to comply with these requirements may result in suspension, limitation, or termination of NIH funding for any work related to Recombinant DNA Research or a requirement for the contracting officer's prior approval of any or all Recombinant DNA projects under any contract awarded from this solicitation. This includes the requirements of the Standing Institutional Biosafety Committee (IBC) (See <http://www4.od.nih.gov/oba/IBC/IBCindexpg.htm>).

As specified in Appendix M-1-C-4 of the NIH Guidelines, any serious adverse event must be reported immediately to the IRB, the IBC, the Office for Human Research Protections (if applicable), and the NIH Office for Biotechnology Activities (OBA), followed by the filing of a written report with each office/group and copies to the project officer and contracting officer.
(http://www4.od.nih.gov/oba/rac/guidelines_02/Appendix_M.htm#_Toc7255836)

(15) Human Embryonic Germ Cell (HEGC) Research

1. Guidelines.

Research use of human embryonic germ cells derived from fetal tissue with Federal funds requires review of compliance with the NIH Guidelines for Research Using Human Pluripotent Stem Cells (<http://www.nih.gov/news/stemcell/stemcellguidelines.htm>) (only the information regarding human embryonic germ cells is relevant). Embryonic germ cells are pluripotent stem cells derived from human embryos. See NIH Guide for Grants and Contracts Notice NOT-OD-02-049, requiring that offerors/contractors submit certain documents to the Human Pluripotent Stem Cell Review Group (HPSCRG), which will be reviewed in a public meeting. Research using human embryonic germ cells may not be performed prior to approval by the HPSCRG.

All offerors should read the "NIH Guidelines " (<http://www.nih.gov/news/stemcell/stemcellguidelines.htm>) if they either: (1) propose to respond to the Statement of Work requirements by conducting research that uses human embryonic germ cells or, (2) are responding to a Statement of Work that requires the use of human embryonic germ cells.

Offerors may obtain copies of these Guidelines from the website above or from the contact person listed in this solicitation.

Note to Offeror: Below are four (4) subparagraph 2.(s). Each provides information on applicability. If Human Embryonic Stem Cell Research is contemplated, one of the following subparagraphs will apply to your proposal:

The following subparagraph 2. is applicable if this solicitation is for a SBIR Phase II, a BAA, or a sole source acquisition AND the Government specifies in the SOW that human embryonic germ cells shall be used to conduct the required research.

2. Procedure for Review by Human Pluripotent Stem Cell Review Group (HPSCRG)

The NIH has determined that human embryonic germ cells are required to be used for the conduct of this research. The offeror must submit an original and two copies of the documentation and assurances that address the areas covered the "Procedures for Submission of Compliance Documents to the Human Pluripotent Stem Cell Review Group (HPSCRG) for the Research Use of Human Embryonic Germ Cells" (<http://grants2.nih.gov/grants/guide/notice-files/NOT-OD-02-049.html>) as a separate attachment in its proposal. Prior to any award made under this solicitation, the documentation and assurances will be subject to review by the HPSCRG, which meets in a public meeting. No research involving the use of human embryonic germ cells may begin prior to HPSCRG approval.

Offerors are encouraged to review issues pertaining to informed consent processes described in Section II . B.2.b of the NIH Guidelines , (<http://stemcells.nih.gov/rschFunding/NIHSCguideline2000.pdf>). Offerors should also review the March 19, 2002, DHHS Office of Human Research Protection's document titled, "Guidance for Investigators and Institutional Review Boards Regarding Research Involving Human Embryonic Stem Cells, Germ Cells, and Stem Cell-Derived Test Articles," (<http://ohrp.osophs.dhhs.gov/humansubjects/guidance/stemcell.pdf>)

OR

The following subparagraph 2. is applicable if this solicitation is for a SBIR Phase II, a BAA, or a sole source acquisition AND the Government DOES NOT specify in the SOW that human embryonic germ cells shall be used to conduct the required research

2. Procedure for Review by Human Pluripotent Stem Cell Review Group (HPSCRG)

If, in response to the solicitation, the offeror proposes to use human embryonic germ cells, it must submit, as a separate attachment to its proposal, an original and two copies of the documentation and assurances that address the areas covered in the "Procedures for Submission of Compliance Documents to the Human Pluripotent Stem Cell Review Group (HPSCRG) for the Research Use of Human Embryonic Germ Cells" (<http://grants2.nih.gov/grants/guide/notice-files/NOT-OD-02-049.html>). Prior to any award made under this solicitation, the documentation and assurances will be subject to review by the HPSCRG, which meets in a public meeting. No research involving the use of human embryonic germ cells may begin prior to HPSCRG approval.

Offerors are encouraged to review issues pertaining to informed consent processes described in Section II.B.2.b of the NIH Guidelines. Offerors should also review the March 19, 2002, DHHS Office of Human Research Protection's document titled "Guidance for Investigators and Institutional Review Boards Regarding Research Involving Human Embryonic Stem Cells, Germ Cells, and Stem Cell-Derived Test Articles," (<http://ohrp.osophs.dhhs.gov/humansubjects/guidance/stemcell.pdf>)

OR

The following subparagraph 2. is applicable if this is a competitive solicitation, IS NOT a SBIR Phase II, a BAA, or a sole source acquisition AND it requires the use of human embryonic germ cells in the conduct of the research.)

2. Procedure for Review by Human Pluripotent Stem Cell Review Group (HPSCRG)

The NIH has determined that human embryonic germ cells are required to be used for the conduct of this research. The offeror must confirm in its proposal that it plans to use human embryonic germ cells as a part of its research. If the offeror receives a contract award, the contractor may not perform any research using human embryonic germ cells until the Human Pluripotent Stem Cell Review Group (HPSCRG) has reviewed and approved the documentation furnished as prescribed in the "Procedures for Submission of Compliance Documents to the Human Pluripotent Stem Cell Review Group (HPSCRG) for the Research Use of Human Embryonic Germ Cells" (<http://grants2.nih.gov/grants/guide/notice-files/NOT-OD-02-049.html>) and the contracting officer has notified the contractor of the approval in writing.

Offerors are encouraged to review issues pertaining to informed consent processes described in Section II.B.2.b of the NIH Guidelines (<http://stemcells.nih.gov/rschFunding/NIHSCguideline2000.pdf>). Offerors should also review the March 19, 2002, DHHS Office of Human Research Protection's document titled "Guidance for Investigators and Institutional Review Boards Regarding Research Involving Human Embryonic Stem Cells, Germ Cells, and Stem Cell-Derived Test Articles," (<http://ohrp.osophs.dhhs.gov/humansubjects/guidance/stemcell.pdf>)

The resultant contract will be divided into discrete phases or option periods. During Option Period(s)/Phase(s) _____* of the contract, the contractor shall submit the original and two copies of the required documentation and assurances that address the areas covered in "Procedures for Submission of Compliance Documents to the Human Pluripotent Stem Cell Review Group (HPSCRG) for the Research Use of Human Embryonic Germ Cells" (<http://grants2.nih.gov/grants/guide/notice-files/NOT-OD-02-049.html>) to the contracting officer. This documentation will be forwarded for review and approval to the HPSCRG.

If the HPSCRG disapproves the documentation presented by the contractor, the contracting officer may elect to either terminate the contract in accordance with the Termination for Convenience clause of the contract OR determine not to exercise subsequent option(s) as appropriate based the terms of the specific contract. Otherwise, when the HPSCRG approves the documentation, the contracting officer will notify the contractor in writing that research using the human embryonic germ cells may commence. Research involving the use of human embryonic germ cells shall not be conducted under the contract until the HPSCRG review and approval have been obtained, and the contracting officer has provided written notice of such approval to the contractor.

OR

*The following subparagraph 2. is applicable if the solicitation is a competitive solicitation, **IS NOT** a SBIR Phase II, a BAA, or a sole source acquisition; it **DOES NOT REQUIRE** the use of human embryonic germ cells; **HOWEVER**, in response to the Statement of Work Requirements, the offeror may propose to use such human embryonic germ cells, or to conduct the research by using a protocol that derives human embryonic germ cells from fetal tissue.*

2. Procedure for Required Review by Human Pluripotent Stem Cell Review Group (HPSCRG)

If the offeror intends to fulfill the requirements of the Statement of Work by performing research using human embryonic germ cells, it must so state in its proposal. If the offeror's proposal includes research using human embryonic germ cells and it receives a contract award, the contractor may not perform any research using these human embryonic germ cells until the Human Pluripotent Stem Cell Review Group (HPSCRG) has reviewed and approved the documentation furnished as prescribed in "Procedures for Submission of Compliance Documents to the Human Pluripotent Stem Cell Review Group (HPSCRG) for the Research Use of Human Embryonic Germ Cells" (<http://grants2.nih.gov/grants/guide/notice-files/NOT-OD-02-049.html>) and the contracting officer has notified the contractor of the approval in writing.

The resultant contract will be divided into discrete phases or option period(s). During Option Period(s)/Phase(s) _____* of the contract, the contractor shall submit the original and two copies of the required documentation and assurances that address the areas covered in "Procedures for Submission of Compliance Documents to the Human Pluripotent Stem Cell Review Group (HPSCRG) for the Research Use of Human Embryonic Germ Cells," (<http://grants2.nih.gov/grants/guide/notice-files/NOT-OD-02-049.html>) to the contracting officer. This documentation will be forwarded for review and approval to the HPSCRG.

If the HPSCRG disapproves the documentation presented by the contractor, the Contracting Officer may elect to either terminate the contract in accordance with the Termination for Convenience clause of the contract OR determine not to exercise subsequent option(s) as appropriate based the terms of the specific contract. Otherwise, when the HPSCRG approves the documentation, the contracting officer will notify the contractor in writing that research using the human embryonic germ cells may commence.

Research involving the use of human embryonic germ cells shall not be conducted under the contract until the HPSCRG review and approval have been obtained, and the contracting officer has provided written notice of such approval to the contractor.

(16) Human Embryonic Stem Cell (HESC) Research

On August 9, 2001, the President announced the criteria that must be met for Federal funds to be used for research on existing human embryonic stem cell lines. These criteria were subsequently published by the NIH at: <http://grants1.nih.gov/grants/guide/notice-files/NOT-OD-02-005.html>. The following eligibility criteria must be met:

1. The derivation process (which commences with the removal of the inner cell mass from the blastocyst) must have already been initiated prior to August 9, 2001;
2. Prior to August 9, 2001, the embryo from which the stem cell line was derived no longer had the possibility of development as a human being;
3. The stem cells must have been derived from an embryo that was created for reproductive purposes;
4. The embryo was no longer needed for these purposes;
5. Informed consent must have been obtained for the donation of the embryo;
6. No financial inducements were provided for the donation of the embryo.

To facilitate research using human embryonic stem cells, the NIH has established a Human Embryonic Stem Cell Registry (Athe NIH Registry”) that lists the human embryonic stem cells that meet the eligibility criteria. This registry is available at: <http://stemcells.nih.gov/registry/>.

Research involving the derivation of new stem cells from human embryos or the use of human embryonic stem cells that are not listed on the NIH Human Embryonic Stem Cell Registry may not be conducted with Federal funding.

If a particular human embryonic stem cell line has not been required by the Statement of Work, an offeror proposing research involving human embryonic stem cells must cite a human embryonic stem cell line that is listed in the NIH Registry in its proposal.

(17) Information Technology Systems Security

(a) Sensitivity and Security Level Designations.

The Statement of Work (SOW) requires the successful offeror to develop or access a Federal Automated Information System (AIS). Based upon the security guidelines contained in the *Department of Health and Human Services (DHHS) Automated Information Systems Security Program (AISSP) Handbook*, the Government has determined that the following apply:

(1) Category of Safeguarded Information

The category of safeguarded agency information that the successful offeror will develop or access will be identified in the specific RFP. The following lists the possible categories of safeguarded information:

- ☐ Non Sensitive Information
- ☐ Sensitive Information
- ☐ Classified Information:
 - ☐ Confidential ☐ Secret ☐ Top Secret ☐ Special Access

(2) Security Level Designations

The information that the successful offeror will develop or access will be designated in the specific RFP. A separate Security Level Designation will be assigned for:

- The **Sensitivity** of the data (Level 1-4).
- The **Operational Criticality** of the data (Level 1-4)
- The **Overall Security** for the requirement (Level 1-4)

(3) Position Sensitivity Designations

Prior to award, the Government will determine the position sensitivity designation for each contractor employee that the successful offeror proposes to work under the contract. For proposal preparation purposes, the specific RFP will identify applicable Position Sensitivity Designation(s) from the following:

- ☐ **Level 6C: Sensitive - High Risk (Requires Suitability Determination with a BI).**
Contractor employees assigned to a Level 6C position are subject to a Background Investigation (BI).
- ☐ **Level 5C: Sensitive - Moderate Risk (Requires Suitability Determination with NACIC).**
Contractor employees assigned to a Level 5C position with no previous investigation and approval shall undergo a National Agency Check and Inquiry Investigation plus a Credit Check (NACIC), or possibly a Limited Background Investigation (LBI).
- ☐ **Level 4C: Classified (Requires Special Access Clearance with an SSBI).**
Contractor employees assigned to a Level 4C position are subject to a Single Scope Background Investigation (SSBI).
- ☐ **Level 3C: Classified (Requires Top Secret Clearance with an SSBI).**
Contractor employees assigned to a Level 3C position are subject to a Single Scope Background Investigation (SSBI).
- ☐ **Level 2C: Classified (Requires Confidential or Secret Clearance with an LBI).**
Contractor employees assigned to a Level 2C position shall undergo a Limited Background Investigation (LBI).

[X] Level 1C: Non Sensitive (Requires Suitability Determination with an NACI).

Contractor employees assigned to a Level 1C position are subject to a National Agency Check and Inquiry Investigation (NACI).

Contractor employees who have met investigative requirements within the past five years may only require an updated or upgraded investigation.

(b) Information Technology (IT) System Security Program

The offeror's proposal must:

- (1) Include a detailed outline (commensurate with the size and complexity of the requirements of the SOW) of its present and proposed IT systems security program;
- (2) Demonstrate that it complies with the AISSP security requirements, the Computer Security Act of 1987; Office of Management and Budget (OMB) Circular A-130, Appendix III, "Security of Federal Automated Information Systems;" and the DHHS AISSP Handbook.

At a minimum, the offeror's proposed information technology systems security program must address the minimum requirements identified in the DHHS AISSP Handbook, [Exhibit III-A, Matrix of Minimum Security Safeguards](#) that correspond with the Overall Security Level identified in the specific RFP.

- (3) Include an acknowledgment of its understanding of the security requirements.
- (4) Provide similar information for any proposed subcontractor developing or accessing an AIS.

(c) Required Training for IT Systems Security

DHHS policy requires that contractors receive security training commensurate with their responsibilities for performing work under the terms and conditions of their contractual agreements.

The successful offeror will be responsible for assuring that each contractor employee has completed the following NIH Computer Security Awareness Training course prior to performing any contract work: <http://irtsectraining.nih.gov/>. The contractor will be required to maintain a listing of all individuals who have completed this training and submit this listing to the Government.

Additional security training requirements commensurate with the position may be required as defined in OMB Circular A-130 or NIST Special Publication 800-16, "Information Technology Security Training Requirements." These documents provide information about IT security training that may be useful to potential offerors.

(d) References

The following documents are electronically accessible:

- (1) OMB Circular A-130, Appendix III: <http://csrc.ncsl.nist.gov/secplcy/a130app3.txt>
- (2) DHHS AISSP Handbook: <http://irm.cit.nih.gov/policy/aissp.html>
- (3) DHHS Personnel Security/Suitability Handbook: <http://www.hhs.gov/ohr/manual/pssh.pdf>
- (4) NIH Applications/Systems Security Template: <http://irm.cit.nih.gov/security/secplantemp.html>
- (5) NIST Special Publication 800-16, "Information Technology Security Training Requirements:" <http://csrc.nist.gov/publications/nistpubs/800-16/800-16.pdf>
- (6) NIH CIT-Policies, Guidelines and Regulations:
 - Table 1 - Categories of Safeguarded Agency Information: <http://irm.cit.nih.gov/security/table1.htm>
 - Table 2 - Security Level Designations for Agency Information: <http://irm.cit.nih.gov/security/table2.htm>
 - Table 3 - Positions Sensitivity Designations for Individuals Accessing Agency Information: <http://irm.cit.nih.gov/security/table3.htm>

c. BUSINESS PROPOSAL INSTRUCTIONS

(1) Basic Cost/Price Information

The business proposal must contain sufficient information to allow the Government to perform a basic analysis of the proposed cost or price of the work. This information shall include the amounts of the basic elements of the proposed cost or price. These elements will include, as applicable, direct labor, fringe benefits, travel, materials, subcontracts, purchased parts, shipping, indirect costs and rate, fee, and profit.

Refer also to APPENDIX B of this solicitation package for “Additional Business Proposal Instructions.”

(2) Cost and Pricing Data

1. General Instructions

A. You must provide the following information on the first page of your pricing proposal:

- (1) Solicitation, contract, and/or modification number;
- (2) Name and address of offeror;
- (3) Name and telephone number of point of contact;
- (4) Name of contract administration office (if available);
- (5) Type of contract action (that is, new contract, change order, price revision/redetermination, letter contract, unpriced order, or other);
- (6) Proposed cost; profit or fee; and total;
- (7) Whether you will require the use of Government property in the performance of the contract, and, if so, what property;
- (8) Whether your organization is subject to cost accounting standards; whether your organization has submitted a CASB Disclosure Statement, and if it has been determined adequate; whether you have been notified that you are or may be in noncompliance with your Disclosure Statement or CAS, and, if yes, an explanation; whether any aspect of this proposal is inconsistent with your disclosed practices or applicable CAS, and, if so, an explanation; and whether the proposal is consistent with your established estimating and accounting principles and procedures and FAR Part 31, Cost Principles, and, if not, an explanation;
- (9) The following statement: This proposal reflects our estimates and/or actual costs as of this date and conforms with the instructions in FAR 15.403-5(b)(1) and Table 15-2. By submitting this proposal, we grant the Contracting Officer and authorized representative(s) the right to examine, at any time before award, those records, which include books, documents, accounting procedures and practices, and other data, regardless of type and form or whether such supporting information is specifically referenced or included in the proposal as the basis for pricing, that will permit an adequate evaluation of the proposed price;
- (10) Date of submission; and
- (11) Name, title and signature of authorized representative.

B. In submitting your proposal, you must include an index, appropriately referenced, of all the cost or pricing data and information accompanying or identified in the proposal. In addition, you must annotate any future additions and/or revisions, up to the date of agreement on price, or an earlier date agreed upon by the parties, on a supplemental index.

C. As part of the specific information required, you must submit, with your proposal, cost or pricing data (that is, data that are verifiable and factual and otherwise as defined at FAR 15.401). You must clearly identify on your cover sheet that cost or pricing data are included as part of the proposal. In addition, you must submit with your proposal any information reasonably required to explain your estimating process, including--

- (1) The judgmental factors applied and the mathematical or other methods used in the estimate, including those used in projecting from known data; and
 - (2) The nature and amount of any contingencies included in the proposed price.
- D. You must show the relationship between contract line item prices and the total contract price. You must attach cost-element breakdowns for each proposed line item, using the appropriate format prescribed in the "Formats for Submission of Line Item Summaries" section of this table. You must furnish supporting breakdowns for each cost element, consistent with your cost accounting system.
- E. When more than one contract line item is proposed, you must also provide summary total amounts covering all line items for each element of cost.
- F. Whenever you have incurred costs for work performed before submission of a proposal, you must identify those costs in your cost/price proposal.
- G. If you have reached an agreement with Government representatives on use of forward pricing rates/factors, identify the agreement, include a copy, and describe its nature.
- H. As soon as practicable after final agreement on price or an earlier date agreed to by the parties, but before the award resulting from the proposal, you must, under the conditions stated in FAR 15.406-2, submit a Certificate of Current Cost or Pricing Data.

2. Cost Elements

Depending on your system, you must provide breakdowns for the following basic cost elements, as applicable:

- A. **Materials and services.** Provide a consolidated priced summary of individual material quantities included in the various tasks, orders, or contract line items being proposed and the basis for pricing (vendor quotes, invoice prices, etc.). Include raw materials, parts, components, assemblies, and services to be produced or performed by others. For all items proposed, identify the item and show the source, quantity, and price. Conduct price analyses of all subcontractor proposals. Conduct cost analyses for all subcontracts when cost or pricing data are submitted by the subcontractor. Include these analyses as part of your own cost or pricing data submissions for subcontracts expected to exceed the appropriate threshold in FAR 15.403-4. Submit the subcontractor cost or pricing data as part of your own cost or pricing data as required in paragraph 2.A.(2) of this table. These requirements also apply to all subcontractors if required to submit cost or pricing data.
- (1) *Adequate Price Competition.* Provide data showing the degree of competition and the basis for establishing the source and reasonableness of price for those acquisitions (such as subcontracts, purchase orders, material order, etc.) exceeding, or expected to exceed, the appropriate threshold set forth at FAR 15.403-4 priced on the basis of adequate price competition. For interorganizational transfers priced at other than the cost of comparable competitive commercial work of the division, subsidiary, or affiliate of the contractor, explain the pricing method (see FAR 31.205-26(e)).
 - (2) *All Other.* Obtain cost or pricing data from prospective sources for those acquisitions (such as subcontracts, purchase orders, material order, etc.) exceeding the threshold set forth in FAR 15.403-4 and not otherwise exempt, in accordance with FAR 15.403-1(b) (i.e., adequate price competition, commercial items, prices set by law or regulation or waiver). Also provide data showing the basis for establishing source and reasonableness of price. In addition, provide a summary of your cost analysis and a copy of cost or pricing data submitted by the prospective source in support of each subcontract,

or purchase order that is the lower of either \$10,000,000 or more, or both more than the pertinent cost or pricing data threshold and more than 10 percent of the prime contractor's proposed price. The Contracting Officer may require you to submit cost or pricing data in support of proposals in lower amounts. Subcontractor cost or pricing data must be accurate, complete and current as of the date of final price agreement, or an earlier date agreed upon by the parties, given on the prime contractor's Certificate of Current Cost or Pricing Data. The prime contractor is responsible for updating a prospective subcontractor's data. For standard commercial items fabricated by the offeror that are generally stocked in inventory, provide a separate cost breakdown, if priced based on cost. For interorganizational transfers priced at cost, provide a separate breakdown of cost elements. Analyze the cost or pricing data and submit the results of your analysis of the prospective source's proposal. When submission of a prospective source's cost or pricing data is required as described in this paragraph, it must be included along with your own cost or pricing data submission, as part of your own cost or pricing data. You must also submit any other cost or pricing data obtained from a subcontractor, either actually or by specific identification, along with the results of any analysis performed on that data.

- B. **Direct Labor.** Provide a time-phased (e.g., monthly, quarterly, etc.) breakdown of labor hours, rates, and cost by appropriate category, and furnish bases for estimates.
- C. **Indirect Costs.** Indicate how you have computed and applied your indirect costs, including cost breakdowns. Show trends and budgetary data to provide a basis for evaluating the reasonableness of proposed rates. Indicate the rates used and provide an appropriate explanation.
- D. **Other Costs.** List all other costs not otherwise included in the categories described above (e.g., special tooling, travel, computer and consultant services, preservation, packaging and packing, spoilage and rework, and Federal excise tax on finished articles) and provide bases for pricing.
- E. **Royalties.** If royalties exceed \$1,500, you must provide the following information on a separate page for each separate royalty or license fee:
 - (1) Name and address of licensor.
 - (2) Date of license agreement.
 - (3) Patent numbers.
 - (4) Patent application serial numbers, or other basis on which the royalty is payable.
 - (5) Brief description (including any part or model numbers of each contract item or component on which the royalty is payable).
 - (6) Percentage or dollar rate of royalty per unit.
 - (7) Unit price of contract item.
 - (8) Number of units.
 - (9) Total dollar amount of royalties.
 - (10) If specifically requested by the Contracting Officer, a copy of the current license agreement and identification of applicable claims of specific patents (see FAR 27.204 and 31.205-37).
- F. **Facilities Capital Cost of Money.** When you elect to claim facilities capital cost of money as an allowable cost, you must submit Form CASB-CMF and show the calculation of the proposed amount (see FAR 31.205-10).

3. **Formats for Submission of Line Item Summaries**

The detailed breakdown shall be in the format as shown on the form **Breakdown of Proposed Estimated Cost (plus fee) and Labor Hours** (SECTION J, List of Attachments). For each separate cost estimate, the offeror must furnish a breakdown by cost element as indicated above. In addition, summary total amounts shall be furnished. In the event the RFP cites specific line items, by number, a cost breakdown for each line item must be furnished.

4. There is a clear distinction between submitting cost or pricing data and merely making available books, records, and other documents without identification. The requirement for submission of cost or pricing data is met when all accurate cost or pricing data reasonably available to the offeror have been submitted, either actually or by specific identification, to the Contracting Officer or an authorized representative. As later information comes into your possession, it should be submitted promptly to the Contracting Officer in a manner that clearly shows how the information relates to the offeror's price proposal. The requirement for submission of cost or pricing data continues up to the time of agreement on price, or an earlier date agreed upon between the parties if applicable.
5. By submitting your proposal, you grant the Contracting Officer or an authorized representative the right to examine records that formed the basis for the pricing proposal. That examination can take place at any time before award. It may include those books, records, documents, and other types of factual information (regardless of form or whether the information is specifically referenced or included in the proposal as the basis for pricing) that will permit an adequate evaluation of the proposed price.

(3) Qualifications of the Offeror

You are requested to submit a summary of your "General Experience, Organizational Experience Related to this RFP, Performance History and Pertinent Contracts."

a) **General Experience**

General experience is defined as general background, experience and qualifications of the offeror. A discussion of proposed facilities which can be devoted to the project may be appropriate.

b) **Organizational Experience Related to the RFP**

Organizational experience is defined as the accomplishment of work, either past or on-going, which is comparable or related to the effort required by this RFP. This includes overall offeror or corporate experience, **but not** the experience and/or past performance of individuals who are proposed as personnel involved with the Statement of Work in this RFP.

c) **Performance History**

Performance history is defined as meeting contract objectives within **delivery** and **cost schedules** on efforts, either past or on-going, which is comparable or related to the effort required by this RFP.

d) **Pertinent Contracts**

Pertinent contracts is defined as a listing of each related contract completed within the last three years or currently in process. The listing should include: 1) the contract number; 2) contracting agency; 3) contract dollar value; 4) dates contract began and ended (or ends); 5) description of contract work; 6) explanation of relevance of work to this RFP; 7) actual delivery and cost performance versus delivery and cost agreed to in the contract(s). For award fee contracts, separately state in dollars the base fee and award fee available and the award fee actually received. The same type of organizational experience and past performance data should be submitted.

e) **Pertinent Grants**

List grants supported by the Government that involved similar or related work to that called for in this RFP. Include the grant number, involved agency, names of the grant specialist and the Science Administrator, identification of the work, and when performed.

You are cautioned that omission or an inadequate or inaccurate response to this very important RFP requirement could have a negative effect on the overall selection process. Experience and past performance are factors which are relevant to the ability of the offerors to perform and are considered in the source selection process.

(4) **Other Administrative Data**

a) **Property**

- (1) It is DHHS policy that Contractors will provide all equipment and facilities necessary for performance of contracts. Exception may be granted to furnish Government-owned property, or to authorize purchase with contract funds, only when approved by the Contracting Officer. If the offeror is proposing that the Government provide any equipment, other than that specified under Government Furnished Property in the RFP, the proposal must include comprehensive justification which includes:
 - (a) An explanation that the item is for a special use essential to the direct performance of the contract and the item will be used exclusively for the purpose. Office equipment such as desks, office machines, etc., will not be provided under a contract except under very exceptional circumstances.
 - (b) No practical or economical alternative exists (e.g., rental, capital investment) that can be used to perform the work.
- (2) The offeror shall identify Government-owned property in its possession and/or Contractor titled property acquired from Federal funds, which it proposes to use in the performance of the prospective contract.
- (3) The management and control of any Government property shall be in accordance with DHHS Publication (OS) 686 entitled, "Contractors Guide for Control of Government Property (1990)," a copy of which will be provided upon request.

b) **Submission of Electronic Funds Transfer Information with Offer, FAR Clause 52.232-38 (MAY 1999)**

The offeror shall provide, with its offer, the following information that is required to make payment by electronic funds transfer (EFT) under any contract that results from this solicitation. This submission satisfies the requirement to provide EFT information under paragraphs (b)(1) and (j) of the clause at 52.232-34, Payment by Electronic Funds Transfer--Other than Central Contractor Registration.

- (1) The solicitation number (or other procurement identification number).
- (2) The offeror's name and remittance address, as stated in the offer.
- (3) The signature (manual or electronic, as appropriate), title, and telephone number of the offeror's official authorized to provide this information.
- (4) The name, address, and 9-digit Routing Transit Number of the offeror's financial agent.
- (5) The offeror's account number and the type of account (checking, savings, or lockbox).
- (6) If applicable, the Fedwire Transfer System telegraphic abbreviation of the offeror's financial agent.
- (7) If applicable, the offeror shall also provide the name, address, telegraphic abbreviation, and 9-digit Routing Transit Number of the correspondent financial institution receiving the wire transfer payment if the offeror's financial agent is not directly on-line to the Fedwire and, therefore, not the receiver of the wire transfer payment.

c) **Financial Capacity**

The offeror shall indicate if it has the necessary financial capacity, working capital, and other resources to perform the contract without assistance from any outside source. If not, indicate the amount required and the anticipated source.

d) **Incremental Funding**

An incrementally funded cost-reimbursement contract is a contract in which the total work effort is to be performed over a multiple year period and funds are allotted, as they become available, to cover discernible phases or increments of performance. The incremental funding technique allows for contracts to be awarded for periods in excess of one year even though the total estimated amount of funds expected to be obligated for the contract are not available at the time of the contract award. If this requirement is specified elsewhere in this RFP, the offeror shall submit a cost proposal for each year. In addition, the following provisions are applicable:

HHSAR 352.232-75, Incremental Funding (January 2001)

- (a) It is the Government's intention to negotiate and award a contract using the incremental funding concepts described in the clause entitled Limitation of Funds. Under the clause, which will be included in the resultant contract, initial funds will be obligated under the contract to cover the first year of performance. Additional funds are intended to be allotted to the contract by contract modification, up to and including the full estimated cost of the contract, to accomplish the entire project. While it is the Government's intention to progressively fund this contract over the entire period of performance up to and including the full estimated cost, the Government will not be obligated to reimburse the Contractor for costs incurred in excess of the periodic allotments, nor will the Contractor be obligated to perform in excess of the amount allotted.
- (b) The Limitation of Funds clause to be included in the resultant contract shall supersede the Limitation of Cost clause found in the General Provisions.

(End of provision)

e) **Facilities Capital Cost of Money, FAR 52.215-16, (June 2003)**

(This is applicable if you are a commercial organization.)

- (a) Facilities capital cost of money [(see FAR 15.408(h)] will be an allowable cost under the contemplated contract, if the criteria for allowability in subparagraph 31.205-10(b) of the Federal Acquisition Regulation are met. One of the allowability criteria requires the prospective Contractor to propose facilities capital cost of money in its offer.
- (b) If the prospective Contractor does not propose this cost, the resulting contract will include the clause Waiver of Facilities Capital Cost of Money.

(End of Provision)

If the offeror elects to claim this cost, the offeror shall specifically identify or propose it in the cost proposal for the contract by checking the appropriate box below.

- ☐ The prospective Contractor has specifically identified or proposed facilities capital cost of money in its cost proposal and elects to claim this cost as an allowable cost under the contract. Submit Form CASB-CMF (see FAR 31.205-10).
- ☐ The prospective Contractor has not specifically identified or proposed facilities capital cost of money in its proposal and elects not to claim it as an allowable cost under the contract.

(5) Proposer's Annual Financial Report

A copy of the organization's most recent annual report must be submitted as part of the business proposal.

(6) Representations and Certifications

One copy of the Representations and Certifications attached as Section K shall be completed and be signed by an official authorized to bind your organization. Additionally, a completed copy of the Representations and Certifications shall be submitted from any proposed subcontractor.

(7) Travel Costs/Travel Policy

a) **Travel Policy**

One copy of the offeror's (and any proposed subcontractor's) written travel policy shall be included in the business proposal (original only). If an offeror (or any proposed subcontractor) does not have a written travel policy, the offeror shall so state.

(8) Certification of Visa's for Non-U.S. Citizens

Proposed personnel under research projects are not required to be citizens of the United States. However, if non-U.S. citizens are proposed under a contract to be performed in the United States and its territories, then the offeror must indicate in the proposal that these individuals have the required visas.

SECTION M - EVALUATION FACTORS FOR AWARD

1. GENERAL

Selection of an offeror for contract award will be based on an evaluation of proposals against four factors. The factors in order of importance are: technical, cost, past performance and Small Disadvantaged Business (SDB) participation. Although technical factors are of paramount consideration in the award of the contract, past performance, cost/price and SDB participation are also important to the overall contract award decision. All evaluation factors other than cost/price, when combined, are significantly more important than cost or price. The trade-off process described in FAR 15.101-1 may be employed. This process permits tradeoffs among cost/price and non-cost factors and allows the Government to consider award to other than the lowest priced or highest technically rated offeror. In any event, the Government reserves the right to make an award(s) to that offeror whose proposal provides the best overall value to the Government.

The evaluation will be based on the demonstrated capabilities of the prospective Contractors in relation to the needs of the project as set forth in the RFP. The merits of each proposal will be evaluated carefully. Each proposal must document the feasibility of successful implementation of the requirements of the RFP. Offerors must submit information sufficient to evaluate their proposals based on the detailed criteria listed below.

2. MANDATORY QUALIFICATION CRITERIA

Listed below are mandatory qualification criteria. **[The offeror shall include all information which documents and/or supports the Qualification Criteria in one clearly marked section of its proposal.]**

The mandatory qualification criterion establishes conditions that **must be met at the time of receipt of the Original Proposal submission** by the Contracting Officer in order for your proposal to be considered any further for award.

Mandatory Criterion:

In order for a proposal to be considered responsive to this Solicitation, the primary organization must perform all “Core” functions without dependence upon subcontract, specifically: “Centralized Clinical Research Program Management,” “Subcontract Acquisition and Management” and “Contract Transition.” Offerors must propose to perform all designated “Core Functions” within the primary organization. Therefore, only offerors that propose to perform all functions designated as “Core” within their own organization, (and not under subcontract) will be considered for Technical Evaluation.

You are also directed NOT to propose any specific organizations with which you may plan to subcontract. Proposals that include subcontractors or identify the intent to subcontract with a specific organization will be considered “non-responsive” and will not be considered for Technical Evaluation.

Justification for Mandatory Criterion:

Within the broad scope of the Statement of Work, functions have been designated as “Core Functions” and “Non-Core Functions.” It is understood that a single organization may, or may not be able to fulfill **all** of the requirements of the SOW, and thus it is anticipated that subcontractors may be proposed to conduct Non-Core Functions.

The functions designated as “Core” in the SOW provide critical oversight and management of clinical trial operations that are vital to the DAIDS mission and include centralized clinical research program management and subcontract acquisition and management.

Many of the functions designated as “Non-Core” are highly specialized areas of expertise but are not considered to be key oversight and management functions. Offerors may choose to either perform these functions, as they evolve, within the primary organization or they may choose to subcontract the Non-Core Functions. At the time of this solicitation, the nature and quantity of “Non-Core” functions are unknown due to the evolving DAIDS clinical research portfolio and the nature of pharmaceutical product advancement. As discussed in the Statement of Work under Section One, paragraph B., after award of the contract, requirements for the “Non-Core Functions” will be identified by the Project Officer to be followed by a response to perform the work in-house or to subcontract it out.

3. HUMAN SUBJECT EVALUATION

This research project involves human subjects. NIH Policy requires:

a. **Protection of Human Subjects from Research Risks**

The offeror's proposal must address the involvement of human subjects and protections from research risk relating to their participation, or provide sufficient information on the research subjects to allow a determination by NCI that a designated exemption is appropriate.

If you claim that this research should be considered exempt from coverage by the Federal Regulations at 45 CFR 46, the proposal should address why you believe it is exempt, and under which exemption it applies.

The reviewers will evaluate the proposal and provide a narrative with regard to four issues: Risks to Human Subjects, Adequacy of Protection Against Risks, Potential Benefits of the Proposed Research to the Subjects and Others, and Importance of the Knowledge to be Gained. See Section L for a complete discussion of what is required to be addressed for each of these issues. Based on the response to this criterion, this section of the proposal may be rated "unacceptable" (i.e., concerns are identified as to the protections described against risk to human subjects or no discussion is found regarding protections against risk to human subjects) or "acceptable".

If your discussion regarding the protection of human subjects from research risks is rated "unacceptable" and the Government includes your proposal in the competitive range (for competitive proposals), or if the Government holds discussions with the selected source (for sole source acquisitions), you will be afforded the opportunity to further discuss and/or clarify your position during such discussions and in your Final Proposal Revision (FPR). If, after discussions, your proposed plan for the protection of human subjects from research risks is still found unacceptable, your proposal may not be considered further for award.

b. **Data and Safety Monitoring**

The offeror's proposal must include a general description of the Data and Safety Monitoring Plan for all clinical trials. The principles of data and safety monitoring require that all biomedical and behavioral clinical trials be monitored to ensure the safe and effective conduct of human subjects research, and to recommend conclusion of the trial when significant benefits or risks are identified or if it is unlikely that the trial can be concluded successfully. Risks associated with participation in research must be minimized to the extent practical and the method and degree of monitoring should be commensurate with risk. Additionally, all plans must include procedures for adverse event reporting. Finally, generally, for Phase III clinical trials, the establishment of a Data and Safety Monitoring Board (DSMB) is required, whereas for Phase I and II clinical trials, the establishment of a DSMB is optional. The reviewers should refer to the Statement of Work and Section L in the solicitation, as well as any further technical evaluation criteria in this Section M, as applicable, for the solicitations specific requirements for data and safety monitoring.

As a part of the evaluation for proposals, the reviewers will provide a narrative that describes the acceptability of the proposed data and safety monitoring plan with respect to the potential risks to human participants, complexity of study design, and methods for data analysis. Based on the evaluation of the response to this criterion, this section of the proposal may be rated "unacceptable" (i.e., concerns are identified as to the adequacy of the monitoring plan or no discussion can be found regarding the proposed monitoring plans) or "acceptable."

If the information provided regarding Data and Safety Monitoring is rated "unacceptable" and the Government includes your proposal in the competitive range (for competitive proposals), or if the Government holds discussions with the selected source (for sole source acquisitions), you will be afforded the opportunity to further discuss and/or clarify your plan during such discussions and in your Final Proposal Revision (FPR). If, after discussions, the plan is still considered "unacceptable," your proposal may not be considered further for award.

c. **Women and Minorities**

Women and members of minority groups and their subpopulations must be included in the study population of research involving human subjects, unless a clear and compelling rationale and justification are provided indicating that inclusion is inappropriate with respect to the health of the subjects or the purpose of the research. In addition, for NIH-Defined Phase III clinical trials, all proposals and/or protocols must provide a description of plans to conduct analyses, as appropriate, to detect significant differences in intervention effect (see NIH Guide http://grants.nih.gov/grants/funding/women_min/guidelines_amended_10_2001.htm, Definitions - Significant Difference) by sex/gender, racial/ethnic groups, and relevant subpopulations, if applicable, unless the Government has specified that this solicitation involves a sex/gender specific study or a single or limited number of minority population groups. The proposal also must include one of the following plans:

- Plans to conduct valid analysis to detect significant differences in intervention effect among sex/gender and/or racial/ethnic subgroups when prior studies strongly support these significant differences among subgroups, **OR**
- Plans to include and analyze sex/gender and/or racial/ethnic subgroups when prior studies strongly support no significant differences in intervention effect between subgroups (representation of sex/gender and/or racial/ethnic groups as subject selection criterion is not required; however, inclusion and analyses are encouraged), **OR**
- Plans to conduct valid analyses of the intervention effect in sex/gender and/or racial/ethnic subgroups (without requiring high statistical power for each subgroup) when the prior studies neither support nor negate significant differences in intervention effect between subgroups.

Also, the proposal must address the proposed outreach programs for recruiting women and minorities as participants.

Reviewers will address the areas covered here and in Section L of the solicitation in narrative form in their evaluation. Some of the issues they will evaluate include:

- whether the plan proposed includes minorities and both genders in adequate representation
- how the offeror addresses the inclusion of women and members of minority groups and their subpopulations in the development of a proposal that is appropriate to the scientific objectives of the solicitation
- the description of the proposed study populations in terms of sex/gender and racial/ethnic groups and the rationale for selection of such subjects
- if exclusion is proposed, that the rationale is appropriate with respect to the health of the subjects and/or to the purpose of the research.
- In addition, for gender exclusion, the reviewers will examine the rationale to determine if it is because:
 - the purpose of the research constrains the offeror's selection of study participants by gender (e.g., uniquely valuable stored specimens or existing datasets are single gender; very small numbers of subjects are involved; or
 - overriding factors dictate selection of subjects); or
 - gender representation of specimens or existing datasets cannot be accurately determined, and this does not compromise the scientific objectives of the research.
- For minority group exclusion, the reviewers will examine the rationale to determine if those minority groups are excluded because:
 - inclusion of those groups would be inappropriate with respect to their health; or
 - inclusion of those groups would be inappropriate with respect to the purpose of the research.
- For NIH-defined Phase III clinical trials, reviewers will also address whether there is an adequate description of plans to conduct analyses to detect significant differences of clinical or public health importance in intervention effect(s) by sex/gender and/or racial ethnic subgroups when the intervention effect(s) is expected in the primary analyses, or if there is an adequate description of plans to conduct valid analyses of the intervention effect in subgroups when the intervention effect(s) is not expected in the primary analyses.

If you determine that inclusion of women and minority populations is not feasible, you must submit a detailed rationale and justification for exclusion of one or both groups from the study population with the technical proposal. The Government will review the rationale to determine if it is appropriate with respect to the health of the subjects and/or the purpose of the research

Based on the evaluation of the response to this criterion, this section of the proposal may be rated “unacceptable” (i.e., no discussion can be found regarding the proposed gender/minority inclusion plans, or concerns are identified as to the gender or minority representation, or the proposal does not adequately address limited representation of one gender or minority; or the plan is not in accordance with NIH policy guidelines) or “acceptable.” See Section L of the solicitation for the requirements of women/minorities inclusion.

If the information you provide in your proposal regarding the inclusion of women and minorities is rated “unacceptable” and the Government includes your proposal in the competitive range (for competitive proposals), or if the Government holds discussions with the selected source (for sole source acquisitions), you will be afforded the opportunity to further discuss, clarify, or modify your plan during discussions and in your Final Proposal Revision (FPR). If your plan for inclusion/exclusion of women/minorities is still considered “unacceptable” by the Government after discussions, your proposal may not be considered further for award.

d. **Children**

Children (i.e. individuals under the age of 21) must be included in all human subject research unless there are clear and compelling reasons not to include them.

Your proposal must include a description of plans for including children. If you plan to exclude children from the required research, your proposal must present an acceptable justification for the exclusion. If you determine that exclusion of a specific age range of child is appropriate, your proposal must also address the rationale for such exclusion. Also, the plan must include a description of the expertise of the investigative team for dealing with children at the ages included, of the appropriateness of the available facilities to accommodate the children, and the inclusion of a sufficient number of children to contribute to a meaningful analysis relative to the purpose/objective of the solicitation. Also, see Section L of the solicitation for further specific requirements on inclusion of children.

Based on the reviewers’ narrative evaluation of the offeror’s response to this evaluation criterion, this section of the proposal may be rated “unacceptable” (i.e., no discussion can be found regarding the proposed inclusion plans for children; or concerns are identified as to the offeror’s response regarding the inclusion of children; or the plan is not in accordance with NIH policy guidelines) or “acceptable.”

If the information provided in your proposal about the inclusion of children is rated “unacceptable” and the Government includes your proposal in the competitive range (for competitive proposals), or if the Government holds discussions with the selected source (for sole source acquisitions), you will be afforded the opportunity to further discuss, clarify or modify your plan during discussions and in your Final Proposal Revision (FPR). If your plan for inclusion of children is still considered “unacceptable” by the Government after discussions, your proposal may not be considered further for award.

4. TECHNICAL EVALUATION CRITERIA

The evaluation criteria are used by the technical evaluation committee when reviewing the technical proposals. The criteria below are listed in the order of relative importance with weights assigned for evaluation purposes.

OFFEROR(S) AND REVIEWERS ARE ADVISED TO REFER TO [APPENDIX A – Additional Technical Proposal Instructions and Format for Technical Proposal Table of Contents](#) OF THIS SOLICITATION PACKAGE FOR GUIDANCE AND INFORMATION RELATED TO THE PREPARATION AND EVALUATION OF PROPOSALS.

CRITERIA**WEIGHT****A. TECHNICAL APPROACH / METHODOLOGY****(170 Points)****1. Centralized Clinical Research Program Management and Contract Transition (Core Functions) (50 Points)**

Adequacy, thoroughness and feasibility of the detailed technical approaches and plans proposed for providing, overseeing and managing support services for a large-scale international clinical trials program, for both Network and non-Network activities as appropriate. This includes:

- Proposed organizational management structure for oversight of all contract activities, with clear lines of responsibility and accountability for major functional units.
- Procedures for closely monitoring, coordinating and managing all contract activities, and for interacting with the Project Officer.
- Plans for establishment of standardized policies and procedures governing central core unit operations and working relationships with other participating organizations.
- Plans for inventorying, assessing and reporting current clinical trial site administrative and operational procedures, and for establishing standardized clinical trials operating policies and procedures.
- Plans for promoting communications among participating organizations and providing administrative support for meetings and teleconferences involving participants.
- Plans for transition to another contractor upon contract completion.

2. Provision of Non-Core Functions**(40 points)**

Suitability and feasibility of plans to provide for all specified non-core functions, if requested, under the prime contract or via subcontracts, as enumerated in Section Two of the Statement of Work, broadly grouped under “Site Establishment and Support Activities,” “Clinical Trials Management Support Activities,” and “Clinical Trials Compliance” Activities.

- **(For each non-core function to be performed within the primary organization):** Methodology for determining the appropriate expertise necessary to fulfill the requirements, and the approach to initiating and overseeing these activities to ensure that requirements are met and resources are effectively managed. Provisions for meeting multiple concurrent demands, possibly in different geographic regions and possibly under urgent circumstances that require rapid attention.
- **(For each non-core function to be performed by a subcontractor):** Methodology for determining the appropriate expertise necessary to fulfill the requirements and for identifying prospective sources to be solicited, and the approach to initiating and overseeing these activities to ensure that requirements are met and resources are effectively managed. (Note: subcontract acquisition and post-award subcontracting procedures are addressed in a separate criterion.) Provisions for meeting multiple concurrent demands, possibly in different geographic regions and possibly under urgent circumstances that require rapid attention.

3. Subcontract Acquisition and Management**(40 points)**

Adequacy, thoroughness and feasibility of the detailed technical approaches and plans proposed for soliciting, evaluating, executing and post-award administration of subcontracts. This includes:

- Understanding of contracting procedures and requirements as set forth in the Federal Acquisition Regulations, Clause 52.244-2, “Subcontracts.”
- Understanding of peer review processes and procedures, including principles for avoidance of reviewer conflicts of interest with subcontract proposals.

- Plans and procedures for developing solicitations, assembling qualified technical evaluation panels, conducting peer reviews of proposals received, performing cost analyses, and negotiating and awarding subcontracts in an objective and efficient manner.
- Plans for closely monitoring and assessing technical, administrative and operational aspects of all subcontractor performance and for taking remedial actions, including termination and replacement, as necessary to ensure successful completion of requirements.

4. Phase III Case Study/Exercise

(40 points)

Adequacy, thoroughness, and feasibility of the proposed approach to supporting the planning and conduct of a hypothetical Phase III study with metrics as provided in Appendix A, Section 3. This includes plans and timetables for in-house activities and/or subcontractor acquisition, management and oversight efforts; and evidence of offeror's understanding of anticipated obstacles and challenges/barriers, and proposed resolutions.

B. QUALIFICATIONS OF STAFF

(40 Points)

Appropriateness and relevance of the documented training, experience and availability of proposed staff members in relation to their specific duties and responsibilities, as follows:

- Qualifications of the proposed centralized clinical research program management team to provide administrative support and to fulfill the "Core" management and oversight requirements, with special attention to experience in resource constrained countries.
- Qualifications of the centralized clinical research program management team in supporting clinical trials (particularly in HIV and vaccines) in one or more of the key geographic regions (Southeast Asia, Sub-Saharan Africa, Latin America, the Caribbean and Eastern Europe). Demonstrated skills, knowledge and experience necessary to manage appropriate resources to fulfill requirements for Non-core functions including Site Establishment, Clinical Trials Management, and Clinical Trials Compliance.
- Experience and education of Contract Management staff in soliciting and awarding a broad range of contract vehicles, identifying and remediating contractor performance or noncompliance with contract terms and conditions, knowledge and experience in implementing Small Business Subcontracting Plans, training and/or education on the Federal Acquisition Regulations, and Certification at the Level 3 or 4 Level required by the Federal Acquisition Workforce Improvement Act or the equivalent.
- Familiarity and experience of project staff with NIH peer review principles, regulations and procedures for solicitation, review and award of subcontracts., including avoidance of conflicts of interest.
- Appropriateness of the proposed mix and balance of key personnel in relation to their specific responsibilities and time commitments.

C. ORGANIZATIONAL EXPERIENCE, RESOURCES AND FACILITIES

(40 Points)

Appropriateness and relevance of the documented prior experience, corporate resources and facilities of the primary contractor, including:

- Strength and appropriateness of the organization's experience in managing large-scale medical/clinical research programs, with emphasis on work in remote and resource-constrained settings. Strength and appropriateness of the documented experience in financial management for large clinical research programs.
- Appropriateness of the plan for the ability of the Management Core Staff to accommodate the DAIDS' need for easy and rapid access to staff within two hours of notification for urgent situations. Close physical proximity of the Contractor's main or satellite office and/or plans to ensure that this interaction can be successfully accomplished in a cost-effective and timely manner is essential.

- Strength and appropriateness of experience in the comprehensive support (planning, initiation and execution) of Phase I, II and III clinical trials (with a preference to HIV and vaccine trials) in domestic and international settings, including resource-constrained settings..
- Strength and appropriateness of experience in establishing successful working partnerships with additional entities to include Contract Research Organizations (CROs), Site Management Organizations (SMOs), Pharmaceutical companies and non-governmental organizations (NGOs).
- Strength and appropriateness of documented experience in award and administration of a broad range of contract types, for large clinical research programs. This includes experience in awarding and administering and managing subcontracts, particularly for Federal projects covered by the Federal Acquisition Regulation (FAR) and agency-specific procurement regulations.

TOTAL POINTS (250 Points)

5. PAST PERFORMANCE FACTOR

An evaluation of offeror's past performance information will be conducted subsequent to the technical evaluation. However, this evaluation will not be conducted on any offeror whose proposal would not be selected for award based on the results of the evaluation of factors other than past performance.

The evaluation will be based on information obtained from references provided by the offeror, other relevant past performance information obtained from other sources known to the Government, and any information supplied by the offeror concerning problems encountered on the identified contracts and corrective action taken.

The Government will assess the relative risks associated with each offeror. Performance risks are those associated with an offeror's likelihood of success in performing the acquisition requirements as indicated by that offeror's record of past performance.

The assessment of performance risk is not intended to be the product of a mechanical or mathematical analysis of an offeror's performance on a list of contracts but rather the product of subjective judgment by the Government after it considers all available and relevant information.

When assessing performance risks, the Government will focus on the past performance of the offeror as it relates to all acquisition requirements, such as the offeror's record of performing according to specifications, including standards of good workmanship; the offeror's record of controlling and forecasting costs; the offeror's adherence to contract schedules, including the administrative aspects of performance; the offeror's reputation for reasonable and cooperative behavior and commitment to customer satisfaction; and generally, the offeror's business-like concern for the interest of the customer.

The Government will consider the currency and relevance of the information, source of the information, context of the data, and general trends in the offeror's performance.

The lack of a relevant performance record may result in an unknown performance risk assessment, which will neither be used to the advantage nor disadvantage of the offeror.

The following rating method shall be used in the evaluation of past performance information:

- +2 Excellent - Based on the offeror's performance record, no doubt exists that the offeror will successfully perform the required effort. Sources of information are consistently firm in stating that the offeror's performance was superior and that they would unhesitatingly do business with the offeror again.
- +1 Good - Based on the offeror's performance record, little doubt exists that the offeror will successfully perform the required effort. Sources of information state that the offeror's performance was good, better than average, etc., and that they would do business with the offeror again.

None - No past performance history identifiable.

- 1 Marginal - Based on the offeror's performance record, some doubt exists that the offeror will successfully perform the required effort. Sources of information make unfavorable reports about the offeror's performance and express concern about doing business with the offeror again.
- 2 Poor - Based on the offeror's performance record, serious doubt exists that the offeror will successfully perform the required effort. Sources of information consistently stated that the offeror's performance was entirely unsatisfactory and that they would not do business with the offeror again.

6. EXTENT OF SMALL DISADVANTAGED BUSINESS PARTICIPATION

SDB participation will not be scored, but the Government's conclusions about overall commitment and realism of the offeror's SDB Participation targets will be used in determining the relative merits of the offeror's proposal and in selecting the offeror whose proposal is considered to offer the best value to the Government.

The extent of the offeror's Small Disadvantaged Business Participation Targets will be evaluated before determination of the competitive range. Evaluation of SDB participation will be assessed based on consideration of the information presented in the offeror's proposal. The Government is seeking to determine whether the offeror has demonstrated a commitment to use SDB concerns for the work that it intends to perform.

Offers will be evaluated on the following sub-factors:

- (a) Extent of commitment to use SDB concerns
- (b) Realism of the proposal
- (c) Extent of participation of SDB concerns in terms of the value of the total acquisition.

[END OF SOLICITATION PACKAGE]

APPENDICES A thru E follow

APPENDIX A - ADDITIONAL TECHNICAL PROPOSAL INSTRUCTIONS
FORMAT FOR TECHNICAL PROPOSAL – TABLE OF CONTENTS

THE BELOW TEMPLATE SHALL BE USED AS THE TABLE OF CONTENTS FOR YOUR TECHNICAL PROPOSAL AND ALL INFORMATION IN YOUR TECHNICAL PROPOSAL SHOULD BE PRESENTED IN THE ORDER SPECIFIED BELOW.

YOU ARE REMINDED THAT THE TOTAL PAGE LIMITATION FOR THE ENTIRE TECHNICAL PROPOSAL PACKAGE IS 150 PAGES. PLEASE REFER TO THE FOLLOWING LINK FOR SPECIFIC PROPOSAL PREPARATION INSTRUCTIONS WITH REGARD TO PAGE LIMITATIONS:

<http://www.niaid.nih.gov/contract/eproposal.htm#electronic>

THESE ADDITIONAL TECHNICAL PROPOSAL INSTRUCTIONS REFLECT THE REQUIREMENTS OF THE RFP AND ARE MEANT TO PROVIDE A CLEAR UNDERSTANDING OF THE INTENT OF THIS SOLICITATION.

OFFERORS ARE ADVISED TO GIVE CAREFUL CONSIDERATION TO THE STATEMENT OF WORK, ALL REFERENCE MATERIAL PROVIDED AS APPENDICES AND ATTACHMENTS, AND THE TECHNICAL EVALUATION CRITERIA IN THE DEVELOPMENT OF YOUR PROPOSAL.

TECHNICAL PROPOSAL – TABLE OF CONTENTS

MANDATORY QUALIFICATION CRITERIA

SECTION 1. CORE FUNCTIONS

A. Centralized Clinical Research Program Management

Your proposal should discuss and demonstrate your experience in the provision of support services for a wide variety of clinical trials conducted in both the U.S. and in resource constrained locales in Africa, Southeast Asia, Latin America/Caribbean and Eastern Europe. You should describe your plans to provide overall management of support services for large scale clinical trials programs along with your approach for coordinating this effort and managing this overarching support project. Areas of emphasis should be:

1. Approach to typical Clinical Trial Project Management
2. Listings of current corporate Standard Operating Procedures
3. Staffing, responsibilities, lines of authority for major functional units
4. Organizational Management structure for current SOW
5. Relevant example of how the company has managed detailed clinical research programs in the past.

B. Subcontract Acquisition and Management

Offerors should discuss and demonstrate their understanding and proposed approach to the subcontracting process in accordance with the requirements established by Federal contracting regulations, utilizing the process identified in the Statement of Work. The Technical Proposal should address:

1. Experience and education of contract management staff in the acquisition and management of subcontracts under a Federal contract.
2. Experience and plan for soliciting, negotiating, awarding and administering subcontracts using a broad range of contract vehicles and mechanisms.
3. Plan for establishing technical review panels for the evaluation of subcontractor technical proposals in excess of \$500,000.

4. Experience with identification and remediation of subcontractor performance or noncompliance with subcontract terms and conditions.
5. Plan to compete and award subcontracts with priority given to making awards to subcontractors certified as small and/or disadvantaged in accordance with FAR Part 19.
6. Knowledge and experience in establishing and implementing Small Business Subcontracting Plans.

C. Contract Transition

Discuss your understanding and experience with the typical risk management practices implemented during the transition of a complex biomedical research project. Explain quality assurance measures in place to audit files before a transition to ensure completeness of transition. Given the breadth and complexity of this project, describe your preliminary plans for executing an effective and efficient transition.

SECTION 2. NON-CORE FUNCTIONS

THIS PORTION OF YOUR PROPOSAL IS LIMITED TO 25 PAGES AND IS INCLUDED IN THE ENTIRE PROPOSAL PAGE LIMITATION OF 150 PAGES.

SPECIAL NOTE TO OFFERORS:

YOU ARE DIRECTED NOT TO PROPOSE SPECIFIC ORGANIZATIONS WITH WHICH YOU PLAN TO SUBCONTRACT. PROPOSALS THAT PROPOSE SPECIFIC SUBCONTRACTORS WILL BE CONSIDERED NON-RESPONSIVE, AND WILL NOT BE EVALUATED.

Demonstrated skills, knowledge, expertise and past experience to manage the appropriate resources in order to fulfill the requirements for non-core functions detailed in SECTION TWO of the Statement of Work. Discussions should focus on:

1. Your methodology for identifying and obtaining the appropriate expertise necessary to fulfill the requirements under the Non-Core Functions. This should include a discussion which demonstrates your understanding of the knowledge, experience and expertise required to carry out the Non-Core Functions.
2. Your plan for responding to multiple requests for non-core requirements within the same window of time and your plan for prioritizing these requests.
3. Listing of past successful subcontract relationships (relevant to this acquisition) in a table format, including project title, dollar value and period of performance.
4. Lessons learned. Describe the problem(s) experienced and resolution.
5. Plans for identifying and mitigating conflicts of interest.

SECTION 3. PERSONNEL / STAFFING

a. Key Personnel

Several high-level or Key Personnel will be required for this contract.

Describe the experience and qualifications, as well as the percentage of the total time each will be committed to the project. Identify the composition of the task or work group, its general qualifications and recent experience with similar efforts. As a minimum, this effort will require different staff/areas of expertise at different times over the course of the contract. Please provide documentation to describe:

- Limit CVs to 2-3 pages for Key Personnel.
- Qualifications and experience as supported by academic degree(s) and expertise, specialized training, relevant collaborative work involving clinical research, proven ability to provide the necessary scientific leadership/management in designing, managing and coordinating clinical and research components of this multi-site and multi-disciplinary effort.

- Relevant work in planning and/or supporting clinical research as appropriate to the proposed role in the project.
- Availability for the proposed project.
- Managerial ability to achieve delivery or performance requirements as demonstrated by the proposed use of management and other personnel resources and to successfully manage the Project as demonstrated by the management plan and previous relevant experience.

The offeror(s) are charged with providing a plan capable of identifying the need to add, replace, or remove scientific, management, clinical and technical staff, especially subcontractor(s), depending on progress or changes in scientific direction. Offerors are reminded that they are not to include any subcontractor proposals with the proposal submission.

- 1) **Administrative Leader** - expertise in research program management to include clinical trials with experience in infectious disease(s) and vaccines in international settings, and experience in managing similar large scale efforts with large, multiple trials. Three years minimum experience, minimum bachelor's degree, master's degree is preferable in health/public administration or related science.
- 2) **Senior Project Manager** – expertise in clinical research project management to include large scale clinical trials with an emphasis on international research and infectious diseases. Documented success in managing clinical research teams. Three years minimum experience, minimum bachelor's degree, master's degree is preferable in health/public administration or related science.
- 3) **Senior Regulatory Director** – Expertise in regulatory affairs surrounding clinical trials in both the U.S. and international settings, including FDA safety reporting requirements, IND annual updates, FDA formal meetings and experience in non-U.S. marketing submissions. Expertise in Good Clinical Practices and application of Quality Assurance in clinical trials. Documented success in management of regulatory activities for large-scale pharmaceutical programs and/or the Federal Government. Three years minimum experience, minimum bachelor's degree, master's degree is preferable in health/public administration or related science.
- 4) **Lead Monitor** – expertise in the monitoring and oversight of Phase I, II and III infectious disease and/or vaccine trials. Documented experience in the resourcing and monitoring of multiple large scale trials. Three years minimum experience, minimum bachelor's degree, master's degree is preferable in health/public administration or related science.

b. Other Personnel (Non-Key)

Offeror(s) should discuss the related experience and the role of other personnel. Provision of curriculum vitae(s) is not required.

- 1) **Project Managers** -- Identify and propose, as key personnel, additional staff in specialized areas such as clinical trials and research studies. These Project Managers must be active participants in this project in the area for which they will be serving on the Management Team. Offeror(s) should document relevant education and training, qualifications, expertise, vision, experience with similar projects/competence, suitable time commitment and ability to perform as a member of the proposed management team.
- 2) **Senior Physician** – Board Certified in infectious diseases with vaccine experience preferred. Extensive clinical trials experience in international settings including safety monitoring, conduct and scientific/medical guidance into protocol development.
- 3) **Senior IT Specialist** – Systems engineer with experience in IT infrastructure development and the development of programs to support the many aspects of clinical trials.
- 4) **Lead Trainer** – Experience in the training of personnel, including non-US personnel, in Good Clinical Practices and other training needs associated with clinical trials. Three years minimum experience, minimum bachelor's degree, master's degree is preferable in health/public administration or related science. Documented success in implementation and conduct of clinical trials training programs.

- 5) **Technical and Administrative Staff** -- Documented relevant training, education, expertise, experience, competence and availability of the proposed staff to perform their roles in the proposed effort.
- 6) **Estimate of Effort / Staff Mix** -- Refer to APPENDIX B – Additional Business Proposal Instructions (Uniform Assumptions).

SECTION 4 – HUMAN SUBJECTS

SECTION 5 – OTHER INFORMATION REQUIRED PER SECTION L.2.b. OF THIS RFP

SECTION 6. CASE STUDY OF PHASE III CLINICAL TRIAL

THIS PORTION OF YOUR PROPOSAL IS LIMITED TO 20 PAGES AND IS INCLUDED IN THE ENTIRE PROPOSAL PAGE LIMITATION OF 150 PAGES.

Due to the nature of this contract and the evolving DAIDS clinical research portfolio, number and types of trials are not known at this time. You should provide a full case study with technical approach with regards to supporting the planning and conduct of a Phase III trial. Specifications for use in developing this hypothetical case study are provided in the table that follows.

- Assume that a “general management” team is in place in the United States.
- Assume that the offeror will either provide the services necessary to support the initiation, conduct and close-out of a Phase III trial or may subcontract out any tasks that are not considered core tasks in Centralized Clinical Research Program Management.
- Discuss your proposed utilization of subcontractors for this proposed trial and the subcontract award process that would be utilized in this case study.
- Any assumptions that you make should be discussed.
- Describe any additional tasks that would typically be added during the conduct of a trial that are not included in the table below (and note if they would be conducted internally or through a subcontract). Throughout the genesis of the case study, the offeror should realize that they will be working with scientific teams at DAIDS and with other DAIDS contractors and at least one DAIDS Network.

Trial Task Activity	Trial Metrics	Additional Information
Sites	20 – all international in Sub-Saharan Africa 10 new 10 established	Do not include site payments but include other site management costs (management and evaluation)
<i>Study Monitoring Plan :</i>		
Subjects	4000 total, 200 divided evenly per site(s). 100% accrual in first year.	
CRF total/subject	15 per subject	
Medical monitoring/SAE Reporting	5% SAE expected	Provide safety monitoring
Immediately reportable SAE	3%	
Trial duration	3 years	
Investigator Meetings	3 - 1 per year in Africa	Arrange 3 Meetings total
Protocol team kick-off meeting	US meeting of protocol team	1 meeting total
Protocol team meeting (teleconference)	100 teleconferences over 3 years	100 total
Protocol Generation, review and finalization (scientific input will come from DAIDS)	3 drafts	Include typical review process (medical, regulatory, others)
Informed Consent Generation and finalization		Include translation and back-translation
Biostatistical input/Stat Analysis Plan/report	Include 1 DSMB report preparation, 1 full statistical report	
Study Manual	3 drafts	
IND Annual Report	Annual	
Source Document Guidelines	3 iterations	
Randomization schedule		Include methodology to randomize
CRF design and printing	Include data management and medical review	
Project training	4 regional trainings for 3 days (Africa)	
Regulatory Documentation Collection Site Registration/Call Center	20 sites	To be located in Africa or Europe
Qualification visits	3 days duration at 10 sites	Describe typical visit
Initiation visits	3 days duration at 20 sites	Describe typical visit
Interim Monitoring	4 days per visit to 20 sites	Describe typical visit
Monitoring frequency	Every 12 weeks, two monitors	
Site specific training (new sites)	10 visits for 7 day periods	Describe training
GCP training	2 regional 3 day trainings	Describe past experience
Site Evaluation visit	1 visit per year per site (operational personnel)	
Site remedial visit	4 visits per year for 5 days each 4 visits to 4 sites each year	Describe typical visit and estimate 4 visits per year
Review, report and track monitoring reports		Describe process
Complete Data Management Services	Develop screens, checks, validation, programming, review, coding, listings, 5 data queries per subject, database audit, archiving, interim and final analysis	Describe system proposed. This may be furnished by a subcontractor.
Study Project Management	Throughout study	Describe study PM and techniques.
Clinical Study Report	3 iterations	
“Internal” Quality Assurance Audit	Make assumption	Describe the task and how to accomplish this

APPENDIX B - ADDITIONAL BUSINESS PROPOSAL INSTRUCTIONS
[UNIFORM ASSUMPTIONS]

1. Estimated Total Direct Cost

The estimated direct cost for Year 1 for this solicitation is provided below. This is for information purposes only and is not restrictive. All offerors may utilize this estimate when preparing their business proposal and budgets. Each offeror must add their organization's fee and indirect costs based on their most current negotiated indirect rate agreement. It is estimated that the effort and costs for this proposed contract activity may increase by as much as 50 percent in Years 2 through 5.

Year 1 – Estimated direct cost: \$12,784,000 (includes uniform assumptions for Travel and
Non-Core Functions, noted below.)

2. Estimate of Effort (Non-Core Functions):

Non-Core Functions are defined as highly specialized support that is required in order to sustain the DAIDS growing and evolving clinical research portfolio, although not considered to be key oversight and management functions of this contract. These Non-Core Functions may either be performed by the Contractor or by subcontractors. The Project Officer (PO) will identify requirements for services that fall within the functions designated as Non-Core during the performance of this contract.

Because we cannot quantify this portion of the overall requirement, all offerors are directed to include in their Business Proposal, the following Uniform Budget Assumptions for Years 1 through 5. These amounts represent an increase of 45 percent for each subsequent year after Year 1, representing the estimated increase in support to be required through the proposed contract.

	Uniform Assumptions <u>Non-Core Functions</u>
Year 1	\$ 3,230,000
Year 2	\$ 4,683,500
Year 3	\$ 6,791,075
Year 4	\$ 9,847,059
Year 5	<u>\$14,278,235</u>
TOTAL	\$38,829,869

3. Uniform Assumption (Travel):

All offerors are to include a uniform assumption of \$1,400,000 per year for staff and meeting travel. This amount should be inflated in accordance with the offeror's proposed rate of inflation.

4. Estimate of Effort (Core Functions ONLY):

The estimated direct labor categories, estimated hours and FTEs (based on a base year of 1880 hours) are identified below. These estimates are provided to assist the offeror(s) in developing their technical and cost proposals for performing the “Core” functions of the SOW requirements and are in no way restrictive. The below table represents the estimated labor needed in Year 1 of the contract. Additional positions may be added as activities increase and personnel are needed to staff the growth. Offeror(s) proposals should reflect their estimate of staffing increases in Years 2 through 5, based on their interpretation of the requirements of this project.

CORE FUNCTIONS ONLY				
Labor Category	YEAR 1		YEARS 2-5 (Avg.)	
	Estimated Hours	Estimated FTEs	Estimated Hours	Estimated FTEs
Professional and Technical Staff				
Program Director	1880	1	1880	1
Deputy Director	1880	1	1880	1
Senior Project Director	1880	1	1880	1
Clinical Trial Specialist/Operations	0	0	9400	5
Floating Project/Site Manager	0	0	9400	5
Financial Managers	0	0	5640	3
Regulatory Affairs Specialist	1880	1	3760	2
Contracts Specialist	1880	1	5640	3
Recruitment Specialist	0	0	3760	2
Purchasing and Logistics	1880	1	5640	3
Travel Specialist	1880	1	3760	2
Graphics Specialist	3760	2	3760	2
Legal Specialist	1880	1	1880	1
IT Support	5640	3	5640	3
HR Specialist	1880	1	1880	1
Project Assistants	3760	2	9400	5
Central File Clerks	1880	1	7520	4
Facility (Lab)/GMP expert	1880	1	1880	1
TOTAL Professional/Technical Staff:	33840	18	84600	45
Support Staff				
Project Administrators	0	0	9400	5
IRB Coordinator	1880	1	9400	5
Local Monitor	9400	5	9400	5
Site Manager	1880	1	7520	4
Study/Nurse Coordinator	3760	2	7520	4
Pharmacist	1880	1	7520	4
Laboratory PHD	1880	1	7520	4
Data Manager	1880	1	9400	5
TOTAL Support Staff:	22560	12	67680	36
GRANT TOTAL STAFF EFFORT:	56400	30	152280	81

APPENDIX C - DAIDS Clinical Trial Portfolio -- Information Summary

The following information describes the clinical trial networks and major clinical trial programs that comprise the current DAIDS portfolio. This information is subject to change dependent on a variety of factors. The DAIDS is providing this information to give offerors an overview of current DAIDS efforts so that each offeror can more fully understand potential areas of support for this contract. Offerors will not be expected to support all of the efforts listed below. The following networks and programs are described below, and live weblinks are given to access more detailed information.

Networks and major collaborations are profiled in the following order:

- 1. Adult AIDS Clinical Trials Group**
- 2. Acute Infection/Early Disease Research Program**
- 3. Community Program for Clinical Research on AIDS**
- 4. ESPRIT**
- 5. Pediatric AIDS Clinical Trial Group**
- 6. HIV Vaccine Trials Network**
- 7. DoD/NIAID HIV Research Collaboration**
- 8. Additional Vaccine Collaborations**
- 9. HIV Prevention Trial Network**
- 10. The Comprehensive International Program of Research on AIDS (CIPRA) (Non-Network)**

1. Adult AIDS Clinical Trials Group

Background

The Adult AIDS Clinical Trials Group (AACTG) is the largest HIV clinical trials organization in the world and plays a major role in setting standards of care for HIV infection and opportunistic diseases related to HIV/AIDS in the United States and the developed world. The objective of this network is to investigate the pathogenesis of HIV and its complications, therapeutic interventions for the treatment of HIV disease, the prevention and treatment of HIV/AIDS-related co-infections and disorders, and complications of therapy. As a result, the AACTG has been pivotal in providing the data necessary for the approval of therapeutic agents, as well as the treatment and prevention strategies, for many opportunistic infections and malignancies.

Structure

The AACTG is composed of, and directed by, leading clinical scientists in HIV/AIDS therapeutic research. The protocols conducted by the AACTG are investigator-initiated and are developed in response to the projected scientific needs and opportunities in the field as articulated in our scientific agenda.

The AACTG comprises 32 primary clinical trials units with numerous participating subunits in the U.S.; 12 international clinical trials units; 23 core laboratories; an Operations Center; and a Statistical and Data Management Center. The leadership of AACTG falls under the Executive Committee. Other leadership includes the HIV Disease, Complications of HIV Disease and Immunology Research Agenda Committees, and the Scientific Agenda Steering Committee. The accomplishments of the group has been to identify the optimal intervention point for initiation of antiretroviral therapy to delay time-to-disease progression; define therapeutic regimens for management of moderate and advanced disease; and to define state-of-the-art prophylaxis and management for numerous infectious diseases.

The AACTG Operations Center, supported by Social Scientific Systems, Inc. (SSS), coordinates, administers, tracks, documents, and supports all research activities and is considered the central administrative center of the AACTG. Clinical responsibilities under SSS include supporting protocol development and monitoring study progress. Its Biomedical Research Support Division supports research in AIDS and other diseases by coordinating multi-institution clinical research programs and providing technical support for study or drug development. They coordinate the efforts of multi-site clinical research networks, both domestically and internationally.

The Statistical Center, located at the Harvard School of Public Health, is comprised of senior level biostatisticians who provide complete statistical support for the AACTG, from study design through data analysis and publication. Data Management is provided by Frontier Science Technology and Research Foundation (FSTRF) of Amherst, New York, who uses experienced clinical data managers to employ advanced system technologies to collect data from remote sites to a central mainframe computer. Each protocol team is assigned a clinical data manager who designs and develops the protocol-specific case report forms; participates in protocol and site-specific training; monitors the timeliness and quality of the data and contacts sites for corrections and delinquencies; provides advice and instruction to the clinicians in the accurate completion of study forms; runs standard reports at specified intervals for purposes such as preparation of annual FDA progress reports; and acts as liaison between the team and the clinical sites concerning all aspects of data required during conduct of the study

Key Accomplishments

Studies conducted by the AACTG have produced dramatic improvements in the clinical care, quality of life, and survival of persons with HIV/AIDS.

- The AACTG conceived, developed, conducted, and published the majority of the ground-breaking randomized clinical trials that are the basis of the current national and international antiretroviral therapy (ART) and opportunistic infection (OI) treatment and prevention guidelines for the management of HIV-1-infected adults. To date, the AACTG has completed 360 clinical trials and generated > 1000 publications with > 300 appearing in first-line peer-reviewed journals.

- The AACTG established and supports the largest network of expert clinical and translational investigators and therapeutic clinical trials units in the world, and has extended this to sites in resource-limited countries; these investigators and units serve as the major resource for HIV/AIDS research, treatment, care, and training/education in their communities.
- The AACTG has been responsible for the education and training of a large proportion of the current and future HIV/AIDS translational laboratory and clinical investigators in the U.S.
- The AACTG has developed and implemented approaches to clinical and translational research that impact clinical investigation directed at other debilitating chronic illnesses such as chronic hepatitis C.
- The AACTG has provided the framework approaches to clinical and translational research that has facilitated the successful and expeditious development of new drugs that have changed the face of the HIV epidemic (e.g. ZDV, ddI, ddC, DLV, NVP, EFV, IND).

Future Directions

- Continue to develop and conduct studies of new or novel antiretroviral drugs, regimens, strategies and immune-based therapies that will enhance the ability to achieve long-term maximal suppression of HIV-1 replication in infected individuals with 1) the least toxicity; 2) the most clinically effective immunologic reconstitution; 3) the greatest long-term benefit, and; 4) the most impact in reducing the morbidity and mortality associated with HIV-1 disease.
- Continue and expand collaborations with investigators in countries with limited resources with the goal of addressing the local highest priorities in the areas of antiretroviral chemotherapy, management of HIV-1 associated opportunistic infection/co-infections and laboratory-based investigations.
- Expand collaboration with other networks to address issues in prevention and MTCT research and to develop a wide range of site research capacities in a coordinated manner.
- Advance understanding and new approaches to the therapy of co-infections with HBV and HCV and complications of HIV infection and treatment, including metabolic and end-organ disorders.
- Continue to focus efforts on elucidating issues of viral resistance and HIV reservoirs.

As issues, challenges, and opportunities are in constant flux, and the composition of the AACTG for fiscal 2005 through 2009 will not be established until after the competitive renewal in response to the upcoming RFA; it is not possible to definitively state what protocols will be developed, which sites will participate in each study, and how many subjects will enroll during that time frame. However, the following numbers are reasonable estimates based on analysis of the protocol-related activities during the most recent grant cycles as well as protocols that are currently in development for both domestic and international participation.

- Number of Trials Anticipated Per Fiscal Year and Length of the Trials:
 - An average of 28-30 clinical trials per fiscal year are estimated for implementation. These will be of varying duration depending on the scientific question being addressed. It is anticipated that the AACTG will conduct an average of:
 - ✓ 23 smaller and shorter-term (less than 100-200 subjects; less than 24-48 weeks duration) phase I/II trials addressing pilot, early safety, dose-ranging or hypothesis-generating data;
 - ✓ 4 moderate size (200-500 subjects) studies addressing longer-term (48-96 weeks) phase II/III treatment comparisons;
 - ✓ 2 large (more than 500-1000 subjects) long-term (more than 96 weeks) phase III multi-comparison or treatment strategy studies.
 - Because of the varying type and duration of studies conducted by the AACTG (i.e. overlapping durations of follow-up), it is estimated that an average of 40-50 studies will be open at any one time during this interval.
 - The average duration of all trials during this interval is estimated to be 1.5 years; however, the duration will vary by the type of study as described above. Such that for the smaller, shorter term studies, the average duration will be < 1 year, for the moderate size protocols will be 1-2 years, and the average duration for the large phase III trials will be 3-4 years.
 - In addition to this workload, the AACTG continues to follow approximately 2,750 subjects in a longitudinal study of the long-term virological, immunological and clinical outcomes of antiretroviral treatment through a series of prospectively planned meta-analyses of patients who have received randomized treatments (A5001). The subjects in this study have been followed on average 4 years, and a number of analyses are ongoing in that study that we anticipate will result in the majority of those subjects continuing to be followed for the next 4 years.

- Number of Sites Anticipated for Each Trial

It is estimated that on average, 40-45 sites (range 18-70) will register to each study, although based on past experience, not all sites will actively recruit and enroll subjects. Therefore, an overall average of 30 sites (range 9-56 sites) is estimated to enter patients on each study. The reason for this wide range of site participation is related to the differences in sample sizes and site participation based on the type of study, again as summarized above.

- For small, complex phase I/II the average number of sites registered per study will be 18 and the average number actively enrolling patients will be 9.
- For moderate sized phase II studies, the average number of sites registered will be 42 and the average number actively enrolling patients will be 33.
- For large phase III studies (those with anticipated sample sizes of > 500 subjects) the average number of sites registered will be 70 and the average number actively enrolling patients will be 56.

- Location of Sites for Each Trial

- Any approved site may enter patients on studies. A listing of the U.S. sites that have registered to enroll patients on studies during this most recent grant cycle, and a listing of the international sites (referred to as International Clinical Trials Units [ICTUs]) that we are currently funding to participate in AACTG network protocols is attached.
- There are currently a total of 12 main ICTUs that are located in the following countries: South Africa, Malawi, Zimbabwe, Haiti, Peru, Brazil, India, and Thailand. It is anticipated that they will participate in 6 clinical trials in fiscal 05 to 07, and enroll an average of 100-150 subjects per site per year in these studies.
- It is further anticipated that an additional 4-8 international sites will be added to the current ICTUs over the course of 2005 - 2009. Those sites will be initially involved in the conduct of A5207 and A5208, studies for the evaluation of maternal outcome following exposure to single dose nevirapine used for prevention of maternal-fetal transmission.
- There are also plans to explore further opportunities to collaborate with and enhance research capacity for programs in the 14 countries designated in the President's Emergency Plan for AIDS Relief (PEPFAR). Many of these are likely to be sites where clinical trial activities are expanded during fiscal 05 - 09.

[Attachments: Sites registered to enroll patients on studies during the most recent grant cycle; current 12 international sites; estimated additional sites for A5207/A5208]

- Number of Patients Per Trial

- The Phase I/II studies that are pilot, dose-ranging, early safety or hypothesis-generating studies will likely have sample sizes averaging 40-50 subjects per trial, and conducting an average of 23 such studies per year is anticipated.
- The moderate size Phase II studies will enroll an average of 250 (range 201-500) patients per trial, and conducting 4 such studies per year is anticipated.
- The larger Phase III trials will have an average of 660 (range 501-1500) patients per trial, and conducting 2 such studies per year is anticipated.
- In addition, the AACTG continues to follow approximately 2,750 subjects in a longitudinal study of the long-term virological, immunological and clinical outcomes of antiretroviral treatment through a series of prospectively planned meta-analyses of patients who have received randomized treatments (A5001). The subjects in this study have been followed on average 4 years, and a number of analyses are ongoing in that study that will most likely require follow-up to continue for the next 4 years.
- Overall, annual accrual for all open studies for the AACTG for 2005 through 2009 is estimated to be approximately 2,500-3,000 patients per year, with a total accrual over 2005 through 2009 of 12,500-15,000 patients.

For more information, please visit the AACTG website at <http://aactg.s-3.com>.

2. Acute Infection/Early Disease Research Program

Background

The Acute Infection and Early Disease Research Program (AIEDRP) was established by the Division of AIDS (DAIDS) in 1997 to perform innovative, integrated pathogenesis and clinical research on acute and early HIV-1 infection. The focus is to:

- Identify, accrue, and retain subjects with acute and early HIV infection for pathogenesis studies and clinical trials.
- Conduct independent and collaborative studies of the *in vivo* pathogenesis of HIV disease.
- Evaluate and optimize therapeutic interventions in small, focused clinical studies and in larger collaborative studies.
- Perform extensive virologic and immunologic evaluations that will provide new insights into the pathogenesis of acute and early HIV infection and the potential effectiveness of therapeutic interventions. Immunologic assessments are also useful to evaluate targets for vaccine-induced immune response.
- Perform immunologic assessments useful in evaluating targets for contributing data to a common database for cross-study analyses and long-term follow-up (CORE01).

Structure

Currently there are a total of 21 sites registered to the AIEDRP (five main units funded through the AIEDRP RFA plus their subunits, and several other units and subunits funded through other mechanisms). Along with the U.S. sites, there are international participants that include Australia, Canada, Brazil, and Zambia. In addition, a Statistical and Coordinating Center (SCC) is funded to support the core work of the group. Operational and statistical work is conducted at the University of California San Diego (UCSD) and Frontier Science and Technology Research Foundation (FSTRF) of Amherst, NY is responsible for data management. Work currently being done includes: scheduling conference calls and meetings and preparing minutes; central document storage and tracking; assistance with protocol development; design and development of generic and protocol-specific case report forms; maintenance of a protocol database; site training; monitoring timeliness and quality of data, querying sites for corrections and delinquencies; development and maintenance of the AIEDRP web site for information-sharing and data entry; and generation of standard reports at specified intervals and as needed for review by DAIDS.

Leadership of the AIEDRP is by an Executive Committee (EC) composed of representatives from each of the participating main units, the SCC, and DAIDS. In addition, committees include the Pathogenesis Committee, Treatment Committee, Disease Stage Committee, and Database Committee. These committees perform initial reviews of study concepts, address other scientific and procedural issues, and make recommendations to the EC.

Key Accomplishments

- Establishment of the AIEDRP Cohort, to obtain long-term clinical and laboratory data on people with acute HIV-1 infection.
- Key studies of the pathogenesis of HIV infection, especially CD4+ cell dysfunction and HIV viral resistance.
- Development of close links between clinical and basic research, resulting in studies showing the relationship between pathogenesis and treatment, including implications for vaccine research.
- Evaluation of resistance in acute infection.
- More than 20 clinical studies in development, ongoing, or completed since its inception in 1997, including studies in resource-poor countries.
- The AIEDRP Core Database, with a target of 2500 participants, is providing long-term data on subjects with acute and early HIV-1 infection. Currently there are data for over 1900 subjects.
- 250 publications, 125 abstracts.

Future Direction

As part of a coordinated NIAID-supported clinical research network, AIEDRP contributes to the conduct of larger-scale, multi-center trials of treatment of acute infection including antiretroviral and immune-based therapies (including vaccines)

and strategy trials (e.g., STI, when to start). They will continue group-wide contributions to the Core Database (CORE01), to provide ongoing data from clinical trials for cross-study analyses and will increase involvement in acute infection research in countries with limited resources.

- The AIEDRP anticipates developing 2-3 multi-center trials per year.
- Duration of these is estimated to be approximately 2 years.
- The sample sizes for the current group-wide protocols range from approximately 40 to 150 subjects.
- In addition, the AIEDRP and the Adult AIDS Clinical Trials Group (AACTG) are conducting collaborative research on acute infection. Both domestic and international AACTG sites are expected to participate in these protocols.
- Discussions about potential collaborations are underway with other clinical trials groups, such as the HIV Prevention Trials Network (HPTN).

The AIEDRP Website is currently undergoing renovation. The new web site is expected to be fully operational by May 2004.

3. Community Program for Clinical Research on AIDS

Background

The mission of The Terry Bein Community Program for Clinical Research on AIDS (CPCRA) is to perform clinical research in primary care settings to answer questions that are important in the daily lives of the broad group of people living with HIV/AIDS and their health care providers.

Structure

The CPCRA infrastructure was developed to involve people living with HIV/AIDS and their primary care providers in all aspects of the clinical trial design and implementation. Most of their sites are located in physicians offices or small clinics rather than the large academic institutions where research is traditionally conducted. At the start of the current grant cycle 15 main units in the U.S. were funded along with an Operations Center and a Statistical and Data Management Center (SDMC). However, the number and location of sites are currently being expanded to participate only in the CPCRA's long-term strategic study (the SMART Study). Along with additional sites in the U.S., a number of international participants are planned from primarily developed countries. The CPCRA is planning to expand to more than 200 sites in the U.S. and internationally. To coordinate the large number of sites participating in SMART, varying hierarchies of management are being established: multiple sites in one country will be managed by a national coordinating center (NTCC); and, multiple countries will be managed by a regional coordinating center (RCC). RCCs will have responsibility for the data management, quality assurance, training, and performance of sites under them structurally. RCCs are based in the U.S., Australia, Denmark, and the United Kingdom.

Leadership of the overall CPCRA includes the Network Principal Investigator, Executive Coordinator, Management Group, Steering Committee, Operations Center, and Statistical and Data Management Center (SDMC). The Management Group represents the operational services of the CPCRA. They assist the group leader with implementation and continual oversight of all of the activities of the group. The Steering Committee serves as the principal governing body of the CPCRA and, as such, has broad authority over resource allocation, direction and implementation of the group's scientific agenda, and overall policy development. The standing committees report to the Steering Committee, and their chairs are members of the Steering Committee. Member of the Steering Committee also includes representatives from each of the participating main units and DAIDS. Scientific leadership is provided by a Science Planning Committee, and in addition, the CPCRA receives guidance from an independent Scientific Advisory Board. A SMART Steering Committee which includes international investigators has also been established.

The Operations Center, supported by Social Scientific Systems, Inc. (SSS), coordinates, administers, tracks, documents, and supports all research activities and is considered the central administrative center of the CPCRA. Clinical responsibilities under SSS include supporting protocol development and monitoring study progress. Its Biomedical Research Support Division supports research in AIDS and other diseases by coordinating multi-institution clinical research programs and providing technical support for study or drug development. They coordinate the efforts of multi-site clinical research networks, both domestically and internationally.

The SDMC is located at the University of Minnesota in the Coordinating Centers for Biometric Research, Division of Biostatistics, School of Public Health. It provides senior scientific statistical leadership for the CPCRA. The responsibilities of the Statistical Center include the design and analysis of CPCRA protocols and the administrative reporting of data from the CPCRA studies; the establishment and administration of a data management system; and the design and implementation of education and training activities involving statistical and data management issues. Protocol-specific case report forms, a manual of operation for each protocol, a variety of data collection forms and data reports, the CPCRA Data Collection Handbook, and the Clinical Events Handbook are among the resources developed and distributed by the CPCRA Statistical Center.

Key Accomplishments

The CPCRA is a leader in long-term strategy trials, with good accrual and minimal loss to follow-up. They have an extensive and a long history of collaboration with domestic and international groups that includes the following:

- Clinical trials of treatment strategies (e.g., combination antiretroviral therapies, structured treatment interruption) that are easily exportable to real primary care clinical settings.
- Pivotal research in the area of opportunistic infection of HIV disease which has helped determine optimal prophylaxis for *Pneumocystis carinii* and toxoplasmosis, improved *Mycobacterium avium* complex treatment, when to withdraw MAC prophylaxis, shorter tuberculosis prophylaxis regimens, and evaluated regimens for CMV disease prevention, and oral and vaginal candidiasis prevention.
- Recruitment of patients into trials that reflect the demographics of the infection in the US. In currently open trials, 25% of the subjects are women, 14% Hispanic and 47% African American.

The CPCRA is currently undertaking a large strategy trial (SMART) to study if continuous treatment with antiretrovirals to maintain viral suppression is better than intermittent treatment that strives to maintain CD4 cell counts above 250 cells/mL. Approximately 1600 patients of a planned 6000 are enrolled. To complete SMART, the CPCRA has formed collaborations with investigators and networks in Australia, Canada, Brazil, Peru, Argentina, Europe and Japan.

Future Directions

It is the CPCRA's expectation that they will be conducting future research efforts primarily in the United States and in collaboration with established Regional Coordinating Centers in other developed nations. However, they may work with some sites in resource poor nations based on the appropriateness of the planned studies for conduct in such sites. Their plans include the following:

- Completion of enrollment into SMART (6,000 subjects).
- Implementation of several substudies within SMART relating to cardiovascular, neurologic and anal dysplasia to provide important data on the long term effects of HIV and antiretrovirals in these areas.
- Investigations of long term clinical outcomes by evaluation of data from CPCRA protocols such as FIRST, MDR, and other trials through the mechanism of the observational Long Term Monitoring Trial.
- Continued evaluation of strategies to improve patient adherence (e.g., CPCRA 012, 062, and other substudies).
- Evaluations of the metabolic complications of antiretroviral treatment.

To accomplish this, in 2005-2009, an additional two to four trials (besides SMART) with sample sizes ranging from 500 to one - two thousand subjects may be implemented.

For more information, please visit the CRCRA website at <http://www.cpcra.org>.

4. **ESPRIT**

Background Information

ESPRIT is a randomized, international, 4000 person study of interleukin-2 (IL-2) in people with HIV infection and a CD4+ cell count of at least 300/mm³. The goal of the study is to evaluate and compare the effectiveness of IL-2 plus ART versus ART alone on numbers and severity of AIDS-related illness and deaths. This unique immune-based therapy has the potential to circumvent the limitation of resistance emerging to conventional therapy.

Structure

The infrastructure developed to conduct ESPRIT involves more than 250 sites in 25 countries (primarily developed nations). ESPRIT consists of a single cooperative agreement with the Coordinating Centers for Biometric Research, Division of Biostatistics, School of Public Health, University of Minnesota in Minneapolis and is responsible for the clinical trial sites; and, operational, statistical, and data management support of the study. To coordinate the large number of sites participating in ESPRIT, varying hierarchies of management are established: multiple sites in one country are managed by a national coordinating center (NTCC), and, multiple countries are managed by a regional coordinating center (RCC). RCCs have responsibility for the data management, quality assurance, training, and performance of sites that structurally under them. RCCs are based in the U.S., Australia, Denmark, and the United Kingdom.

This is all under the direction of an Executive Committee and International Steering Committee. The Executive Committee is composed of the PI, RCC principal investigators, and DAIDS; while the International Steering Committee includes the NTCCs leadership in addition to those on the Executive Committee.

Key Accomplishments

Collection of data for ESPRIT is ongoing; however, target accrual has been achieved. The enrollment of over 4000 subjects in ESPRIT was facilitated by continually bringing in new sites and new countries throughout the enrollment process while successful establishment of sites in very diverse settings with unique problems in pharmacy, laboratory, ethics, standards of care, data and safety management, and communication was accomplished. In addition, prior to the initiation of ESPRIT, vanguard studies were completed, demonstrating feasibility of conducting the ESPRIT study in both developed and developing world settings.

Future Directions

While ESPRIT is a single protocol, the affiliation of investigators and sites has formed a cohesive group that plan to collaborate as a network to conduct additional research studies. They will make use of this unique international collaboration, by seeking new proposals for research initiatives from the ESPRIT group as well as from new collaborators, including scientific investigators in the developing world, to accomplish the following:

- Completion of ESPRIT, which entails retaining the 4000 subjects with less than 3% loss to follow-up per year, until 320 primary endpoints occur.
- Initiation of three or four other studies in 2005 – 2009. . It is likely those studies will involve another 3,000 to 4,000 patients and be carried out by ESPRIT sites plus additional sites in South Africa, Eastern Europe and South America. Perhaps 30 to 50 additional sites total. Examples of possible protocols are as follows:
 - ASPIRE, to test whether IL-2 can be clinically useful with ART just at the time of IL-2 cycles, as opposed to continuous ART, thus serving as an ART sparing strategy.
 - STALWART, to test whether use of IL-2 with ART only at the time of IL-2 cycles can be used as a strategy to delay continuous ART in treatment naïve patients.

For more information, please visit the ESPRIT website at <http://www.espritstudy.org>.

5. Pediatric AIDS Clinical Trials Group

Background

The Pediatric AIDS Clinical Trials Group (PACTG) is the preeminent organization in the world for evaluating treatments for HIV-infected infants, children and adolescents, and for developing new approaches for the interruption of mother-to-infant transmission. The network's objectives are to answer critical questions that include determining the best ways of interrupting mother to child transmission (MTCT) of HIV, treating HIV infection and its complications in pregnant women, infants, children and youth, as well as assessing long-term anti-HIV drug safety and HIV disease progression and pathogenesis in this unique population. The PACTG has set the standards of care for children infected with HIV and for the interruption of vertical transmission.

The PACTG is a joint effort of the National Institute of Allergy and Infectious Diseases (NIAID) and the National Institute for Child Health and Human Development (NICHD), encompasses the mission for HIV-infected pregnant women, children, and adolescents that the AACTG, CPCRA, and the pharmaceutical industry-sponsored studies represent for HIV-infected adults. The PACTG has a long and distinguished history of collaboration with investigators and research centers in the international arena to find new and better ways to prevent and treat HIV affecting children, youth, pregnant women and families.

Structure

The PACTG includes 18 domestic Pediatric AIDS Clinical Trials Units (PACTUs) that are main sites and 45 subunits funded by NIAID, 34 domestic PACTUs funded by NICHD, and 12 international sites. The leadership of PACTG falls under the Executive Committee; Primary Therapy, Perinatal Transmission, Adolescent, Complications of HIV, and Immunology/Vaccine Research Agenda Committees; an Operations Center; and Statistical and Data Management Centers.

The PACTG Operations Center coordinates, administers, tracks, documents, and supports all research activities of the PACTG. The Operations Center works collaboratively with Social Scientific Systems, Inc. who serves as their central administrative agent. Clinical responsibilities under Social Scientific Systems (SSS) include supporting protocol development and monitoring study progress. SSS has developed and implemented comprehensive programs to monitor and evaluate the performance of participating clinical sites and laboratories. Its Biomedical Research Support Division supports research in AIDS and other diseases by coordinating multi-institution clinical research programs, providing technical support for study or drug development, assisting clinical sites with registration and training, and providing regulatory support to clinical trials programs. They coordinate the efforts of multi-site clinical research networks, both domestically and internationally.

Statistical support is provided by the Harvard School of Public Health and is comprised of senior level biostatisticians who provide complete statistical support for the PACTG, from study design through data analysis and publication. Data management is provided by Frontier Science Technology and Research Foundation (FSTRF). Clinical data managers employ advanced system technologies to collect data from remote sites to a central mainframe computer. Each protocol team is assigned a clinical data manager who designs and develops protocol-specific case report forms; participates in protocol- and site-specific training; monitors the timeliness and quality of the data and contacts sites for corrections and delinquencies; provides advice and instruction to the clinicians in the accurate completion of study forms; runs standard reports at specified intervals for purposes such as preparation of annual FDA progress reports; and acts as liaison between the team and the clinical sites concerning all aspects of data required during conduct of the study

Key Accomplishments

The scientific agenda of the PACTG has evolved to include all aspects of clinical trials for HIV-infected infants, children, adolescents, and pregnant women. The accomplishments of the group have impacted on every aspect of the care for these target populations, and have improved the quality of life for those affected. Some of the major accomplishments of the PACTG include: interruption of mother-to-infant transmission, decreased HIV mortality rates in pediatric and adolescent patients, treatment of HIV infection, treatment and prevention of opportunistic infections in HIV-infected children, development of immune-based therapy, and the establishment of a long-term follow-up program for mothers and infants participating in perinatal studies.

- Defined treatment that has reduced MTCT of HIV in the U.S. from 25% to 1.5%. PACTG has developed many of the MTCT regimens used in resource poor nations.
- Defined the unique treatment of HIV-infected pregnant women. Virtually all of the data on the safety of antiretroviral (ARV) regimens during pregnancy has been conducted by the PACTG and used by the PHS Perinatal Treatment Guidelines.
- Provided pivotal data that lead to the FDA approval of 8 of 12 anti-HIV drugs for use in children. Three additional anti-HIV drugs are being studied for this purpose.
- Established the standard of care of pediatric HIV treatment. PACTG investigators have been leader in the development of guidelines for the care and treatment of HIV-infected children in the U.S. and have provided expertise on the use of ARVs in resource-poor nations.
- Monitored the long-term of infants exposed to antiretroviral therapies. Since 1994 the PACTG has been monitoring the health outcomes of children exposed to therapies to prevent transmission of HIV as well as HIV-infected children enrolled on studies to assess long-term outcomes of ARV therapies.
- Developed international collaborations (3 sites in South Africa, 7 sites in Thailand) that have led to the design and conduct of international pediatric studies.
- Extensively contributed to the understanding of the pathogenesis of HIV in the pediatric population, including the unique nature of neonatal HIV infection, co-receptor usage in children and pediatric-specific HIV disease markers that are now used in assessing effectiveness of ARVs in children.
- Educated and trained a generation of laboratory and clinical pediatric HIV investigators that has lead to the growth of centers of excellence in delivering pediatric HIV care.

Future Direction

The PACTG will continue to develop new and improved therapies and strategies for the treatment of HIV-infected pregnant women, infants and children as well as newly infected youth in the US and internationally. They will collaborate with other networks to initiate studies in resource poor nations to address their research questions; and, will also enhance the integration of the pediatric research agenda with other NIH programs and other government partners to center on HIV-infected families as the focus of HIV research programs.

Within the U.S. and internationally, their plans for 2005 – 2009 are as follows:

- Number of Trials Anticipated Per Fiscal Year and Length of the Trials:
 - On average 26 trials are open at any given time in a year and 6-8 new studies open per year. Currently there are 25 in open management, 4 in pending status (development is complete and approvals are nearly complete so protocol will be opened in very near future) and 7 in development for domestic sites.
 - Trial length is based on meeting accrual targets and then follow-up after last subject is accrued. Range is from 3 months to 4.7 years plus and counting. Protocol 219C is on-going until subjects reach 21 years of age.
 - For international sites, there are 9 protocols in development. Trial length based on accrual targets, the estimated range is from 6 months to years (e.g., protocol 1054, which is newborn follow-up, will continue to accrue).
- Number of Sites Anticipated for Each Trial
 - In the U.S. there are 18 main units and approximately 45 subunits funded by NIAID and approximately 34 NICHD funded units. Almost all trials are open to every site.
 - Internationally, there will be at least 12 sites and possibly more depending on the need to follow infants born to mothers participating in other clinical trials.
- Location Of Sites For Each Trial
 - Attached is a list of all of the PACTG sites in the U.S.
 - International sites are currently located in South Africa, Thailand, and Brazil but will be expanding to exist at sites participating in AACTG and other networks.
- Number Of Volunteers/Subjects Per Trial
 - In the U.S., accrual per trial in the past has ranged from 2 subjects to 3,935 subjects per trial. The average is 281 per study, but the range is quite wide.
 - Internationally, the range is from 60 to 12,000 subjects.

For more information, please visit the PACTG website at <http://pactg.s-3.com>.

6. The HIV Vaccine Trials Network Background Information

The HVTN is an international collaboration of scientists, formed in 1999 by the National Institute of Allergy and Infectious Diseases (NIAID) of the National Institutes of Health (NIH). The collaboration involves more than 25 research institutions that conduct HIV vaccine clinical trials in humans worldwide. The vaccine candidates are designed to reduce HIV acquisition, transmission, and progression. The HVTN has taken on the responsibility to speed the development and testing of HIV vaccine candidates while making global findings available to scientists worldwide. The goal of the HVTN is to provide quality data on the safety, immunogenicity and efficacy of the candidate HIV vaccines.

Vaccine development for most diseases has been an iterative process of testing a candidate and then returning to the laboratory to improve products for additional clinical trials. Repeated animal testing and new insights in disease pathogenesis then lead to redesigned and improved vaccines. From this process, vaccines that provide public health control of an infection have emerged. For HIV, this iterative method appears especially pertinent. No single vaccine candidate appears to produce all the immune responses most scientists feel are needed to protect large segments of the world against acquiring the HIV virus. As such, vaccine combinations similar to the drug combinations used for HIV therapy are being devised and tested.

Since the global scientific challenges presented by the virus are substantial, the HVTN has a distinctly international focus. As such, the scope of collaboration and exploratory work is both more expansive and extensive than previous vaccine trials networks. Currently, there are over 25 vaccine trial concepts in progress or in development within the network. The HVTN works closely with industry partners to facilitate clinical testing of promising vaccine strategies. Strong collaborations have been established with community Non-Governmental Organizations (NGO's) and a wide variety of international organizations involved in the design, conduct, and educational issues surrounding HIV vaccine development. Some of these collaborations include the United Nations Programme on AIDS (UNAIDS), the International AIDS Vaccine Initiative (IAVI), the Centers for Disease Control and Prevention (CDC), the HIV Prevention Trials Network (HPTN), and the Dale and Betty Bumpers Vaccine Research Center at NIH.

The HVTN is attempting to streamline the way that the scientific community conducts extensive combination vaccine programs in parallel. The Network has been set up as a flexible clinical trials program to maximize the ability to run these crucial parallel trials.

Despite close ties to many major U.S. research universities, the HVTN is not an academic organization. It is designed as a hybrid organization, one with the depth and diversity of the academic community but with the mobility, flexibility and urgency of a commercial vaccine company. The HVTN is led by investigators and powered by collaborators devoted to moving vaccine regimens into efficacy testing as quickly as possible. For maximum efficiency, the Network is organized like a wheel. At the hub of the organization are the investigators associated with the program. Organized by committee and intellectual discipline, the investigators develop, discuss, implement, analyze, and prioritize both vaccine design concepts and studies. Protocols are developed by HVTN investigators and include partnerships among vaccine developers, clinical experts, and biostatisticians. The HVTN works closely with NIH staff in initiating, conducting, funding, and coordinating all vaccine development processes..

The headquarters of the HVTN leadership is located in Seattle, Washington at the Fred Hutchinson Cancer Research Center (FHCRC). Statistics, data management, and laboratory operations support are also located at the FHCRC. The Network conducts all phases of clinical trials. There are currently 31 clinical sites worldwide and include locations in the United States, the Caribbean (Puerto Rico, Trinidad, Haiti, Dominican Republic, Jamaica), South America (Peru and Brazil), Asia (Thailand), Africa (South Africa, Malawi, Botswana). There are plan to continue development of clinical sites to meet the needs of efficacy trials.

For more information, please visit the HVTN website at www.hvtn.org.

7. DOD/NIAID HIV Research Collaboration

The National Institute of Allergy and Infectious Diseases (NIAID), has in interagency agreement (IAA) with U.S. Army Medical Research and Materiel Command (USAMRMC) of the Department of Defense (DOD) to put in place a collaboration arrangement for oversight and management of the U.S. Military HIV Research Program (USMHRP) to NIAID. Both NIAID and USAMRMC are committed to a common goal: to prevent the further spread of HIV/AIDS by developing safe and effective vaccines, other prevention strategies and innovative HIV treatment.

The intent of the IAA is to:

1. To leverage NIH core competencies and expertise in supporting, overseeing and conducting HIV/AIDS research
2. To utilize and retain DOD's scientific capabilities and experience in preventing HIV infection in the military and conducting research internationally, and to coordinate NIAID and DOD research capabilities, infrastructure, and clinical trials
3. To consolidate and coordinate NIAID and DoD efforts regarding HIV/AIDS research and development.

The IAA establishes a formal relationship between NIAID and USAMRMC for planning and implementing various facets of HIV vaccine research. NIAID will continue to support HIV research and development that is relevant to and supportive of the military mission. The Henry M. Jackson Foundation for the Advancement of Military Medicine (HJF), a private, non-profit organization works closely with the USAMRMC as a resource for the program. Ongoing and proposed projects include the following:

- A production facility in Rockville, Maryland, to make pilot lots of promising candidate HIV vaccines
- Plans for Phase I clinical trials at the Rockville site and Phase I-III at the new sites in East Africa
- Plans for epidemiological and therapeutics clinical trials at the East African sites

The USMHRP is engaged in activities in the following countries with the goal of including these sites in phase III vaccine trials.

- **Thailand:** Collaborations have been established with the Royal Thai Army, Thai academia (Mahidol and Chiang Mai University) and the Thai Ministry of Health through the Armed Forces Research Institute of Medical Sciences (AFRIMS), HIV vaccine development work dating back to the early 90's have included epidemiologic studies of military and civilian populations, cohort development, multiple phase I and II clinical trials, establishment of CAP approved diagnostic and safety laboratory, and immune assessment laboratories with the capacity to perform CTL assays. A community based phase III trial conducted in collaboration and through the Thai MOPH health network opened for enrollment in October 2003 .
- **Uganda:** The activities are centered primarily in Rakai district and in Kampala on the campus of Makerere University in partnership with Makerere University, Joint Clinical Research Center (JCRC), Columbia University, and Johns Hopkins University. Building on NIAID funded infrastructure and expertise in epidemiology and STD intervention established by the collaborating partners, the USMHRP has been able to expand work to include HIV molecular epidemiology and viral characterization, cohort development, study of HIV natural history and correlates of disease progression, renovation of clinical facilities for performing clinical trials, including laboratory for assessing immunogenicity . The well-characterized epidemic and stable population in the Rakai district offers an opportunity for several efficacy designs. It is likely the phase III trials will occur in or near Rakai and Kampala.
- **Kenya:** The HIV program is built upon established malaria drug and vaccine development program at US Army Medical Research Unit - Kenya that is linked with Kenyan Medical Research Institute, a research institute within the Kenyan Ministry of Health. A phase III site in the Kericho District involving tea plantation workers has been identified. Cohort development study is ongoing with new laboratory and clinical facilities at the Kericho District Hospital for support of clinical research expected to be completed by 2004. In addition, USMHRP has ongoing training in research conduct, laboratory procedures and HIV care. Kericho is targeted for phase II HIV vaccine trial.

- **Tanzania:** The Mbeya HIV/AIDS Research Project is collaboration between USMHRP, Tanzanian Ministry of Health, University of Munich and University of Dar-es-Salaam. Study of a cohort of 600 bar-workers in Mbeya (Southwest highlands of Tanzania) indicates high HIV prevalence and incidence (68% and 7% respectively). Studies to further characterized potential urban and rural cohorts for efficacy trial are ongoing. Early phase I and II studies as well as efficacy trials are planned for this location.
- **Cameroon:** The collaboration is with Cameroonian Military Department of Health, the Ministry of Health and Johns Hopkins University. Cohort development studies are planned. Vaccine clinical centers may be established in the future if cohort studies identify suitable population for vaccine trials. The Camerron site may included in phase III clinical trials.

For more information, please visit the website at <http://www.hivresearch.org/>.

8. Additional Vaccine Collaborations

University of New South Wales Australia

The UNSW group started their first phase I study (of a B clade vaccine – prototype for the A/E clade vaccine they are developing for advanced trials) in June 2003. It is fully enrolled and they expect immunogenicity data in June 2004. In the meantime they have made an A/E clade vaccine which also has more HIV antigens. The phase I trial with the A/E vaccine candidate should start in August 2004. The protocol design includes a part A to collect safety information and then a part B address phase II-like immunogenicity data on different doses of both the DNA prime and the fowlpox-vectored boost. Current plans include scale up of the manufacturing process and additional non-clinical studies. Future clinical trial include dose ranging and regimen optimization phase II clinical studies. Which may require a CRO support. These conduct of these trials are planned for Southeast Asia region. They are working with a trial site in Thailand and also to developing a site in Cambodia. However this phase III will probably also require trial site development in Vietnam, Laos, Indonesia, southern China and perhaps Myanmar and Papua New Guinea.

Centers for Disease Control

In an effort to meet efficacy trial requirements it is expected that a relationship will be developed with the CDC. Current cohort identification activities are ongoing in Entebbe, Uganda and Kisumu, Kenya. These sites are likely to be involved in efficacy trials and will require site development assistance.

For more information, please visit the website at <http://www.hivresearch.org/>.

9. HIV Prevention Trials Network

Background Information

In 1999, the HIV Prevention Trials Network was formed to conduct research on promising biomedical and behavioral HIV prevention strategies. HPTN addressed the goal of developing a state-of-the-art, collaborative, multi-site, multi-trial, multidisciplinary prevention science research agenda across all six scientific disciplines requested by NIAID – antiretroviral therapies, behavioral, microbicides, perinatal, STD control, and substance use. The HPTN has made major investments of both human and financial resources to build international research infrastructures, enhance collaborative community partnerships, and address thorny issues in research ethics.

The HPTN has developed collaborative synergies with other HIV research networks, has fostered communication among the NIH Consortium of Institutes that oversees the Network, and has coordinated activities at its international and US sites. **The HPTN leadership is comprised of the following three central resource organizations:**

HPTN Coordinating and Operations Center (CORE) – Family Health International, Research Triangle Park, NC; HPTN Statistical and Data Management Center (SDMC) – Fred Hutchinson Cancer Research Center/University of Washington, Seattle, Washington; and HPTN Central Laboratory (CL) – Johns Hopkins School of Medicine/University of Pittsburgh.

The HPTN also has approximately 26 international and domestic sites, as follows: Brazil (Manguinhos, RJ, Nova Iguaçu, RJ, Rio de Janeiro, RJ, Porto Alegre, RS), China (Xinjiang, Guangxi), India (Chennai, Pune), Malawi (Blantyre, Lilongwe), Peru (Lima), Russia (St. Petersburg), South Africa (Durban, Hlabisa, Chatsworth, Kwa-Zulu Natal), Tanzania (Dar Es Salaam, Moshi), Thailand (Chiang Mai), Uganda (Kampala), USA (Seattle, Washington, Boston, Massachusetts, Providence, Rhode Island, Philadelphia, Pennsylvania, Birmingham, Alabama, San Francisco, California, New York, New York, Los Angeles, California), Zambia (Lusaka, Chingola), Zimbabwe (Harare, Chitungwiza).

The HPTN is governed by a 17-person Executive Committee (EC) responsible for setting the scientific agenda across the six research fields. The current research agendas comprise HIVNET and HPTN studies, discretionary fund projects, and concepts and protocols under development.

The HPTN research agenda has been developed and refined through a process of review of priority concepts and protocols by the HPTN EC, HPTN Protocol Review Committee (PRC), the DAIDS Prevention Science Review Committee (PSRC), as well as continuing analyses by the Prevention Leadership Group of available resources. Due to limited funding, priority studies in development were designated as “Go” (to receive study-specific site funding) or “Pipeline” (to continue in development, but with no designated site funding). Nine key trials are currently being undertaken.

The HPTN continues to address new unmet needs for state-of-the-art HIV prevention science. The science working groups will both review the progress of its most important ongoing trials, as well as generate new ideas in their specific fields that emerge from ongoing HPTN and outside studies. The HPTN’s partnerships with industry are crucial to new product development and evaluation, and have direct bearing on four of the HPTN research areas – microbicides, perinatal, STD control and antiretroviral therapy. It fosters strong relationships with other clinical trials networks and research groups, including the HIV Vaccine Trial Network (HVTN), AACTG, PACTG, and CONRAD. In addition, the HPTN leadership has sought ways to enhance the Network’s program through sharing resources for specific projects with NIH institutes and consortium members. For additional information, please visit the HPTN website at www.hptn.org.

10. **The Comprehensive International Program of Research on AIDS (CIPRA)**

The goals of the Comprehensive International Program of Research on AIDS (CIPRA) are to provide long-term support for planning and implementing a comprehensive HIV/AIDS research agenda, including epidemiological, clinical, and laboratory research. This research will form the basis for the development and application of practical and affordable methods to prevent and treat HIV/AIDS in the host country or countries and to enhance the capability and capacity of the applicant organization to conduct research that is relevant to the affected population(s). Provide support for continual training of project staff at all levels so that the organization can develop and maintain skilled staff. Provide support for infrastructure development (facilities, renovations, and equipment) and for developing the organizational capability necessary to build and sustain an ongoing research effort.

The Comprehensive International Program of Research on AIDS (CIPRA) is a part of NIAID's HIV/AIDS global research agenda. CIPRA is a program that supports comprehensive research and development efforts at organizations located in eligible nations to develop practical, affordable, and acceptable methods to prevent and treat HIV/AIDS in adults and children.

CIPRA grants are given only to institutions and investigators located in countries with an annual gross national income (GNI) per capita of less than or equal to \$5,000 U.S. dollars. Three different kinds of grants: Planning and Organizational Grants, Exploratory/Developmental Research Grants, and Multi-Project Research Grants-are awarded, depending on the capability of the organization to conduct research.

The CIPRA Planning and Organizational (R03) Grants will provide up to 2 years of support, at \$50,000 (direct cost) per year to institutions in nations with very limited HIV/AIDS research experience and capacity for efforts directed at the preparation of an application for one of the larger CIPRA grants. The CIPRA Exploratory/Developmental Research (U01) Grants will provide up to 5 years of support at a maximum total cost of \$500,000 per year to develop a comprehensive HIV/AIDS research program. The U01 grant supports the implementation of a focused research project, long-term planning, infrastructure development, and continued collaboration and training efforts. The CIPRA Multi-Project Research (U19) Grants will provide up to 5 years of renewable support to conduct multiple, coordinated research projects and research support cores focused on developing or implementing preventive and therapeutic interventions for HIV/AIDS, associated opportunistic infections, and tuberculosis in the host country or countries, and continued training efforts to develop the organizational and scientific capability necessary to sustain an ongoing research effort.

CIPRA has 24 international CIPRA sites, in 21 different countries.

Fourteen clinical research projects are currently supported through the U01 and U19 grant mechanisms in China, South Africa, Senegal, and Haiti. For more information, please visit the CIPRA Web site at <http://www.niaid.nih.gov/daids/cipra>

APPENDIX D - Overview of Selected DAIDS Support Contracts

DAIDS Contractor Overview

The DAIDS currently holds several contracts that provide a variety of clinical trials support and services to the expansive DAIDS clinical trials portfolio. Currently, these contractors are providing services to DAIDS- funded vaccine, prevention and therapeutic studies at over 900 sites and in more than 40 countries and are working closely with DAIDS-funded Networks, Non-Networks, Investigators, Central Laboratories, Operational centers and Statistical and Data Management Centers.

Several of these contracts with which this new contractor may interface with are summarized below. The successful contractor will be expected to interface with these contractors in order to perform functions specified within the Statement of Work. The DAIDS also has pending contracts and as these contracts are awarded, the contractor will be notified of any required interface.

A simplified example of a future interface is as follows:

The new contractor is requested to make a site “quality assurance” visit. The contractor shall interface with the current monitoring contractor to gain information from previous monitoring visits. In addition, the contractor would be expected to establish a link with the DAIDS-Enterprise System to file and upload information generated upon the visit.

DAIDS-Enterprise System (DAIDS-ES) Information Technology Contractor

Background

Contract N01-AI-30060 is being performed by Capital Technology Information Services (CTIS), Inc., located in Rockville, MD. An analysis and reengineering of DAIDS’ business processes was initiated by the DAIDS-ES Team, beginning in June of 2002, to overcome information access barriers, and begin the architectural development of a DAIDS enterprise system. The DAIDS-ES vision is to develop a system comprised of multiple integrated modules to support the key business areas surrounding the DAIDS research agenda in HIV/AIDS vaccine, prevention and therapeutics research. The DAIDS-ES will combine services within an enterprise information framework, thereby creating a foundation for building applications and providing a common user experience for the Division. Providing a common foundation will lower infrastructure and development costs. Creating a common experience for users across the DAIDS to work together will result in increased staff productivity and efficiency. As networks and contractors work within the DAIDS system, each entity will be expected to interface with the DAIDS-ES IT Contractor.

DAIDS is implementing this comprehensive information system to support its business functions, management, and oversight responsibilities. The below information addresses requirements applicable to all information systems which will exchange data with DAIDS-ES.

Memorandum of Agreement (MOA)

A memorandum of agreement will be established between DAIDS and the owners/providers of applications/systems sharing data/information with the DAIDS-ES. The MOA will detail the rules of behavior and controls that must be maintained and will address issues including:

- Security concerns
- Rules for interconnecting applications/systems
- Availability of data sharing services
- Frequency of data exchange and data access
- Data quality/integrity

Data Exchange Guidelines

DAIDS-ES will interact with other systems for document transport and routing, data transformation and data sharing. Unless otherwise specified, shared data will be exchanged in XML format per XML schema(s) established by the DAIDS.

Technology

External systems may utilize open protocols such as HTTP, FTP, and SMTP to transmit data to DAIDS-ES. DAIDS-ES will develop reusable components that will be made available to external systems, including but not limited to shareable algorithms, procedures and graphical user interface components.

Accuracy & Completeness

External systems providing data will be required to ensure the accuracy and completeness of data by following best practices such as:

- Use of documented and standardized data collection mechanisms
- Use of required fields that supports completeness of information
- Use of edit checks, range checks and standardized coding

Appropriate Use

As DAIDS-ES data may contain confidential and/or sensitive information, recipients of data from DAIDS-ES will be required to implement “appropriate and judicious data practices.” In the case of research data, NIH policy on data sharing will be followed. More information on NIH policy can be found at http://grants1.nih.gov/grants/policy/data_sharing/. **For detail information on specifications regarding these issues please contact the Project Officer.**

DAIDS Clinical Research Products Management Center

Contract N01-AI-85352 with McKesson BioServices, Inc. provides contractor support to the DAIDS Clinical Trials Networks through managing the storage and shipment of clinical research products used for Network trials. The contractor is staffed by registered pharmacists and is located in Rockville, MD. Each Network and all Network grantees interface with this contract during the conduct of a protocol in order to receive product. Specific responsibilities of this contractor include:

- Receipt and storage of study products
- Security and safety
- Inventory management
- Packaging and labeling
- Shipping and distribution
- Processing and disposal of returns
- Database of inventory and distribution
- Coordination with international shippers

DAIDS Regulatory Compliance Center (RCC) Contractor

Contact N01-AI-30032 with Technical Resources International, Inc. provides regulatory support for all DAIDS-funded clinical trial. The RCC also has established links with the Network data management centers. The RCC contractor performs the following:

- prepares IND submissions,
- receives and processes Serious Adverse Event Forms,

- reviews protocol and informed consents for compliance to regulations.,
- provides IND management support to DAIDS for over 110 INDs,
- works with DAIDS Medical Officers during the protocol generation process, and also during the safety monitoring of each DAIDS IND trial,
- distributes original IND submissions and all subsequent submissions to the FDA, participating pharmaceutical company and parties within DAIDS,
- processes site/protocol registration and assures that each site has the appropriate protocol registration documents prior to protocol initiation, and
- works closely with all Networks and all DAIDS-funded investigators.

“Good Clinical Practices” Monitoring Contractors

DAIDS currently utilizes two contractors to perform periodic on-site visits of all DAIDS-funded clinical trial units. These contractors (N01-AI-05405 with PPD Development, located in Raleigh, North Carolina Inc. and N01-AI-15445 with Westat, Inc., located in Rockville, MD.) perform the following:

- examine source documents to assess the accuracy and completeness of trial data,
- identify problems with protocol implementation, adherence to “GCP” and all applicable regulatory requirements,
- verify the proper storage, dispensing and accountability of investigational study product,
- provide training in GCP and DAIDS procedures, and
- provide Quality Management assistance to the sites.

Currently, these external DAIDS monitoring contractors are monitoring DAIDS-funded vaccine, prevention and therapeutic studies at over 900 sites and in more than 40 countries.

DAIDS CURRENT AND PLANNED CLINICAL TRIALS

APPENDIX E

CIPRA
CRS RFC -- FY 05 - FY 09
22-Mar-04

		FY 05	FY 06	FY 07	FY 08	FY 09	Number of sites anticipated for each trial	Location of sites for each trial	Est. number of Volunteers per trial	Cores
CIPRA Projects	Start Date - End Date	Duration of Trial start → (anticipated) →								
China CIPRA U19	7/1/2002 - 6/30/2007	\$	\$							
Project 1: Cross Sectional Survey		12 months	12 months	(12 months)	(12 months)	(6 months)	4 Villages	Wenxi County, Shanxi Province	3,500	Core A: Administration, Core B: Data/Statistics Management, Core C: Central Lab, Core D: Primate Project
Project 2: Behavioral Intervention Trial		12 months	12 months	12 months	12 months	12 months	1	Anhui Province	280	
Project 3: Cross Sectional Survey/Prospective Cohort		12 months	12 months	(6 months)			1	Anhui Province	100-200	
Project 4: Clinical Trial		12 months	12 months	(9 months)			1	Wenxi County Hospital, Shanxi Province	80	
Project 5: Vaccine Development		12 months	12 months	(12 months)	(12 months)	(12 months)	1	TBD	TBD	
South Africa: CAPRISA U19	7/1/2002 - 6/30/2007	\$	\$							
Project 2: Observational Cohort Study		12 months	12 months	(12 months)	(12 months)	(12 months)	1	Durban	298	Core A: Administration and Training, Core B: Data/Bio, Core C: Central Lab
Project 4: Clinical Trial		12 months	12 months				2	Durban	720	
South Africa: Safeguard U19	9/30/2002 - 7/31/2007	\$	\$							
Project 1: Clinical Trial		12 months	12 months	(12 months)	(12 months)	(6 months)	2	Johannesburg and Cape Town	850	Core A: Administration, Core B: Central Lab, Core C: Training
Project 2: Pediatric Clinical Trial		12 months	12 months	(12 months)	(12 months)	(6 months)	2	Johannesburg and Cape Town	415	
Project 3: Epidemiology Study		12 months	12 months	(12 months)	(12 months)	(6 months)	1	Cape Town	TBD	
Project 4: Clinical Trial		12 months	12 months	(12 months)	(12 months)	(6 months)	2	Johannesburg and Cape Town	665	
Project 5: Laboratory-based Studies		TBD	TBD				Samples collected from other studies	Johannesburg and Cape Town	TBD	
Haiti U01	2/1/2004 - 1/31/2006	\$								
Clinical Trial		12 months	(12 months)	(12 months)	(12 months)		1	Port-au-Prince	500	Core A: Administration, Core B: Clinical Investigation, Core C: Data Management and Analysis, Core D: Laboratory
Senegal U01	9/15/2003 - 2/29/2008	\$	\$	\$						
Phase II: Pilot Clinical Trial		12 months	12 months				1	Dakar	40	Core A: Immunology and Virology, Core B:
Phase III: Clinical Trial		TBD	TBD	TBD			TBD	Dakar	TBD	

POTENTIAL HIV VACCINE EFFICACY TRIAL
General Information

	Vaccine(s)	Vaccine Sponsor	Clinical Group	pII		duration		pIII				End point	Trial sites	
				n	start yr			start yr	end yr	duration	vol			risk group
1	Alvac + gp120	A/P, VaxGen	USHMRP	1	3	3 yr		Q4-03		5 yr	16000	HS	Infect	Thailand
2	Adeno	Merck	HVTN-Merck	1	03	3 yr	350	Q4-04	Q1-09	4 yr	1500	HS	Infect, VL, CD4	Americas, Africa,
				2	04	3 yr	350					MSM		
3	Poly DNA+	VRC	HVTN	1	04	3	700	Q1-06	Q3-10	5 yr	9000	HS	Infect	Americas, Africa
			USHMRP	2	05	3	200					MSM		
4	PLG DNA + Subunit	Chiron	HVTN	1	06	3	300	Q2-07	Q4-11	5 yr	6000	HS	Infect	S Africa
				2	06	3	300							
5	DNA + MVA	Robinson/ Moss	HVTN	1	06	3	400	Q4-07	Q1-12	5 yr	4000	HS	Inf.	W. Africa, E. Africa,
			CDC	2	06	3	200						VL, CD4	
6	DNA + fowlpox	UNS Wales	UNSW	1	04	3	200	Q2-08	Q1-12	5 yr	6000	HS	Inf.	*SE Asia
			hai Red Cro	2	06	3	400						VL, CD4	

Legend:

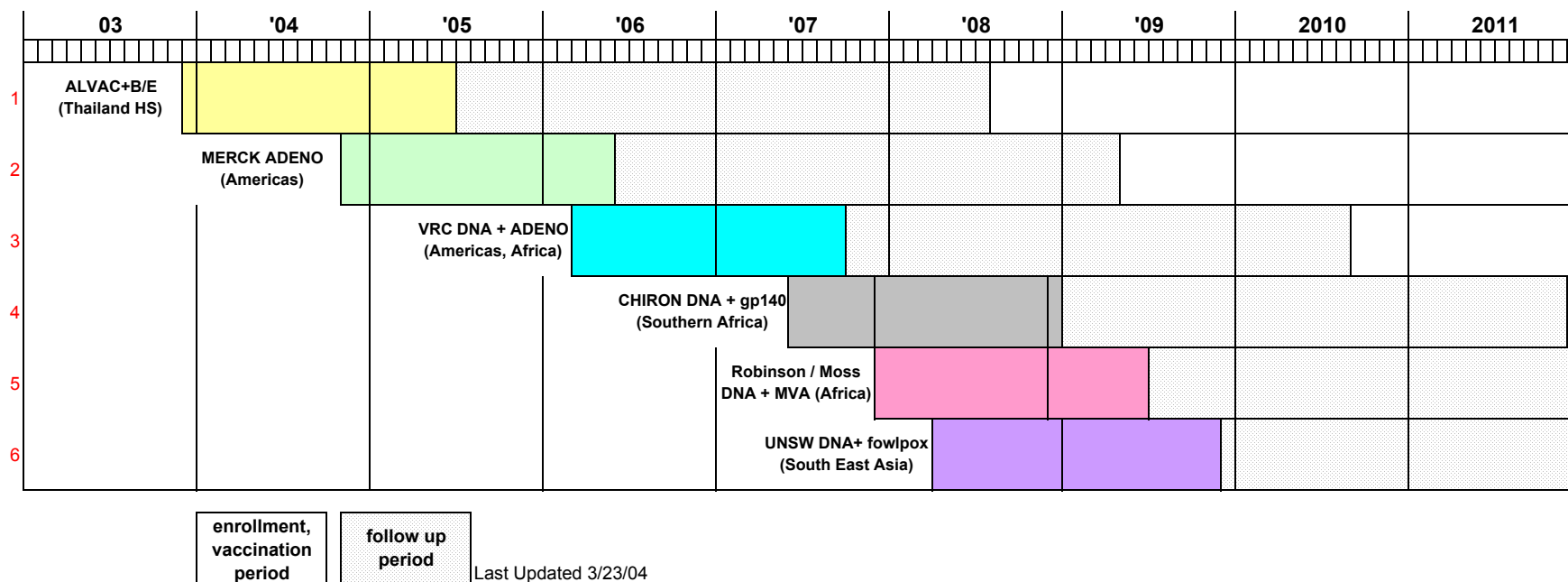
*SE East Asia - Cambodia, Vietnam, Laos, Indonesia, Southern China, Myanmar, Papua New Guinea

POTENTIAL HIV VACCINE EFFICACY TRIALS
Clinical Units

trial	likely vaccine design to use	Organization		Countries or Regions	total non-US sites
1	Canarypox + gp120	USMHRP	Thailand	Chodbury & Rayong	8
2	Adenovirus	HVTN	Americas	18 USA, 5 Caribbean, 2 Peru, 2 Brazil	9
3	DNA + Adenovirus	HVTN	Americas, Africa	18 USA, 5 Caribbean, 2 Peru, 2 Brazil, 3	12
		USMHRP		Kenya, Tanzania, Uganda	3
4	DNA + env subunit	HVTN	Chiron	3 South Africa, Botswana, Zambia, Malawi	7
5	DNA + MVA	HVTN	Africa	3 South Africa, Botswana, Zambia, Malawi	7
		USMHRP		Kenya, Tanzania, Uganda, Cameroon	4
		CDC		Ivory Coast, Kenya, Uganda	3
6	DNA + fowlpox	UNSW	South East Asia	4 Cambodia, 4 VietNam	8
		Thai Red Cross			

POTENTIAL HIV VACCINE EFFICACY TRIALS

Timelines



Definite Current & Planned Prevention Trials	Name of Trial	Phase	Start	End	Site Names	Total Sites	Number Participants
HPTN 027	Phase I study to evaluate safety and immunogenicity of ALVAC HIV vCP1521 in infants born to HIV-1 infected women in Uganda	I	FY 05	FY 08	Kampala, Uganda	1	50
HPTN 035	Phase II/Ib safety and effectiveness study of the vaginal microbicides BufferGel and 0.5% PRO 2000/5 Gel (P) for the prevention of HIV infection in women	II/Ib	FY 04	FY 08	Blantyre & Lilongwe, Malawi; Chitungwiza & Harare, Zimbabwe; Durban & Hlabisa, South Africa; Lusaka, Zambia; Moshi, Tanzania; Pune, India; Philadelphia, PA	10	3100
HPTN 037	Phase III randomized study to evaluate the efficacy of a network-oriented peer educator intervention for the prevention of HIV transmission among injection drug users and their network members	III	FY 04	FY 08	Philadelphia, PA; Chiang Mai, Thailand	3	2610
HPTN 039	Phase III randomized double-blind, placebo-controlled trial of acyclovir for the reduction of HIV acquisition among high risk HSV-2 seropositive, HIV seronegative individuals	III	FY 04	FY 07	Lima & Pucallpa, Peru; Seattle, WA; New York, NY; Harare, Zimbabwe; Lusaka, Zambia; San Francisco, CA; Johannesburg	8	3682
HPTN 046	Phase III trial to determine the efficacy and safety of an extended regimen of Nevirapine in infants born to HIV infected women to prevent vertical HIV transmission during breastfeeding	III	FY 04	FY 08	Durban, South Africa; Harare, Zimbabwe; Dar es Salaam, Tanzania; Kampala, Uganda	4	1576 mother/infant pairs
HPTN 052	Randomized trial to evaluate the effectiveness of antiretroviral therapy plus HIV primary care versus HIV primary care alone to prevent heterosexual transmission of HIV-1 in serodiscordant couples	III	FY 04	FY 12	Blantyre & Lilongwe, Malawi; Pune & Chennai, India; Harare, Zimbabwe; Porto Alegre & Rio de Janeiro, Brazil; Chiang Mai, Thailand, Boston, MA	9	1750 couples
HPTN 056	Characterization of Baseline Mucosal Indices of Injury and Inflammation in Men for Use in Rectal Microbicide Trials	N/A	FY04	FY05	Los Angeles, CA	1	16
HPTN 057	Phase I open label trial of the safety and pharmacokinetics of Tenofovir Disoproxil Fumarate in HIV-1 infected pregnant women and their infants	I	FY 05	FY 07	Blantyre, Malawi; Rio de Janeiro, Brazil	2	98 mother/infant pairs
HPTN 058	Phase III randomized controlled trial to evaluate the efficacy of drug treatment in prevention of HIV infection among opiate dependent injectors	III	FY 05	FY09	Guangxi & Xinjiang, China; Chiang Mai, Thailand	3	1460

Definite Current & Planned Prevention Trials	Name of Trial	Phase	Start	End	Site Names	Total Sites	Number Participants
HPTN 059	Phase II expanded safety and acceptability study of the vaginal microbicide 1% Tenofovir gel	II	FY 06	FY 08	1 US site, 3 non-US	4	200

Proposed Network Trials	Title	Phase	Start	End	Site names	Total sites	Number Participants
HPTN 035-01	Substudy: user and partner acceptability of the Vaginal Microbicide BufferGel	N/A	FY05	FY07	See site listing for HPTN 035	10	150
HPTN 035-02	Substudy: user and partner acceptability of the Vaginal Microbicide 0.5% PRO2000/5 Gel (P)	N/A	FY05	FY07	See site listing for HPTN 035	10	150
HPTN 059-01	Substudy: user and partner acceptability of the Vaginal Microbicide 1% Tenofovir Gel	N/A	FY06	FY08	TBD	4 (1 US, 3 non-US)	150
HPTN XXX	Phase I Safety and Acceptability Study of rectal application of the Microbicide Agent 0.5% PRO2000/5 Gel (P)	I	FY07	FY08	See site listing for HPTN 035	10	50
HPTN XXX	Phase I Safety and Acceptability Study of rectal application of the Microbicide Agent 1% Tenofovir Gel	I	FY07	FY08	TBD	4 (1 US, 3 non-US)	50
HPTN XXX	Phase III Efficacy trial of new topical microbicide candidate(s)	III	FY08	FY11	TBD	12	15,000
HPTN 035-05/HPTN 059-02 (data to be combined across the two trials)	Substudy: Examination of product-related, individual, interpersonal, and contextual factors associated with behavioral disinhibition among participants in topical microbicide trials	N/A	FY05	FY07	See site listing for HPTN 035	10	2000 women (across all study sites)
HPTN 052-01	Substudy: Examination of treatment-related, individual, interpersonal, and contextual factors associated with behavioral disinhibition among participants in a trial testing ART for the prevention of sexual transmission	N/A	FY06	FY09	See site listing for HPTN 052	9	750 couples (across all study sites)
HPTN XXX	Phase I safety and acceptability study of microbicide candidate to be named	I	FY05	FY06	TBD	3	60

Proposed Network Trials	Title	Phase	Start	End	Site names	Total sites	Number Participants
HPTN XXX	Phase I safety and acceptability study of combination microbicide candidate to be named	I	FY07	FY09	TBD	3	60
HPTN XXX	Phase II safety and effectiveness study of microbicide candidate(s) to be named	II	FY06	FY08	TBD	4	200
HPTN XXX	Phase II safety and effectiveness study of microbicide candidate(s) to be named	II	FY08	FY10	TBD	4	200
HPTN XXX	Phase II safety and effectiveness study of combination microbicide candidate to be named	II	FY10	FY12	TBD	3	200
HPTN XXX	Phase III trial to determine safety and effectiveness of combination antiretroviral therapy in HIV-1 infected women to prevent vertical transmission during breastfeeding and to limit the emergence of resistance in women and infants who seroconvert	III	FY 05	FY 08	TBD	8	2000
HPTN XXX	Phase III community randomized trial, intervention TBD	III	FY 06	FY 10	TBD	10	3000

Non-Network Trials

Current & Future	Title	Phase	Start	End	Site Name	Total Sites	Number participants
R01 AI 45462	Prevention of Maternal-to-Infant HIV transmission in India	III	FY 04	FY 07	Pune, India	1	1500 infants
R01 AI 34235	HIV-IG for prevention of vertical transmission	I	FY 04	FY 07	Kampala, Uganda	1	800 mother/infants
U01 AI 54241	Study of daily oral Tenofovir Disoproxil Fumarate to prevent HIV-1 infection among sex workers in Cambodia	II/III	FY 04	FY 06	Phnom Penh, Cambodia	1	960
U01 51171	Male circumcision in HIV uninfected men to prevent transmission of HIV/AIDS	I	FY 03	FY 08	Kampala, Uganda	1	5000

Proposed Trials	Title	Phase	Start	End	Site names	Total sites	Number Participants
IPCP XXX	Microbicide formulation deployment	Exploratory phase I	FY04	FY05	Philadelphia, PA	1	6
IPCP XXX	Uterine safety	Exploratory Phase I	FY05	FY05	Philadelphia, PA	1	6
IPCP XXX	Vaginal deployment study	Exploratory Phase I	FY05	FY05	Philadelphia, PA	1	6
IPCP XXX	Undefined Vaginal Deployment Study	Exploratory Phase I	FY06	FY06	Philadelphia, PA	1	6
IPCP XXX	Inflammatory markers/UC781	Exploratory Phase I	FY06	FY06	Pittsburgh, PA	1	10
IPCP XXX	Rectal mucosal markers	Exploratory Phase I	FY06	FY06	Los Angeles, CA	1	50
IPCP XXX	Rectal microbicide bioavailability	Exploratory Phase I	FY07	FY07	Los Angeles, CA	1	10
IPCP XXX	Rectal microbicide formulation	Exploratory Phase I	FY07	FY07	Los Angeles, CA	1	50
IPCP XXX	Rectal acceptability study	N/A	FY08	FY08	Los Angeles, CA	1	450
IPCP XXX	Dendrimer combination	Exploratory	FY07	FY07	Australia	1	12
IPCP XXX	TBN	Exploratory Phase I	FY 09	FY 09	Baltimore, MD	1	7
IPCP XXX	Dendrimer combination	Exploratory Phase I	FY09	FY09	Australia	1	24

Proposed Trials	Title	Phase	Start	End	Site names	Total sites	Number Participants
IPCP XXX	TBN	Exploratory Phase I	FY07	FY07	TBD	1	12
IPCP XXX	TBN	Exploratory Phase I	FY07	FY07	TBD	1	12
IPCP XXX	TBN	Exploratory Phase I	FY08	FY08	TBD	1	12
IPCP XXX	TBN	Exploratory Phase I	FY08	FY08	TBD	1	12
IPCP XXX	TBN	Exploratory Phase I	FY08	FY08	TBD	1	12
IPCP XXX	TBN	Exploratory Phase I	FY09	FY09	TBD	1	12
IPCP XXX	TBN	Exploratory Phase I	FY10	FY10	TBD	1	12
IPCP XXX	TBN	Exploratory Phase I	FY11	FY11	TBD	1	12
Microbicide Teams	TBN	Phase I	FY07	FY07	TBD	TBD	60
Microbicide Teams	TBN	Phase I	FY08	FY08	TBD	TBD	60
Microbicide Teams	TBN	Phase I	FY09	FY09	TBD	TBD	60
Microbicide Teams	TBN	Phase I	FY09	FY09	TBD	TBD	60
Microbicide Teams	TBN	Phase I	FY10	FY10	TBD	TBD	60
Microbicide Teams	TBN	Phase I	FY10	FY10	TBD	TBD	60
Vaginal defense strategies	TBN	Exploratory Phase I	FY10	FY10	TBD	TBD	7
Vaginal defense strategies	TBN	Exploratory Phase I	FY11	FY11	TBD	TBD	7
Predicted F/U to R01 AI 54241	Chemoprophylaxis and HIV-host interactions	II/III	FY 05	FY 08	Phnom Penh, Cambodia	1	960
U01 AIXXXXX	Study of daily oral tenofovir disproxil fumarate to prevent HIV-1 infection in MSM	II/III	FY 05	FY 08	TBD	3	2200

Investigator-Initiated Trials (Non-Network)

Protocol ID	PI	Institution	Site Location	Program/ Branch	Asgmt Status	Phase	Study Status	Visit Freq.
CRM-ETH-02-01	Andrea Ruff	Johns Hopkins University	Ethiopia	VPRP/PSB	Active	Phase III	Actively Enrolling	quarterly
CRM-IND-03-01	Robert Bollinger	Johns Hopkins University	India	VPRP/PSB	Active	Phase III	Actively Enrolling	quarterly
CRM-IND-03-01	Robert Bollinger	Johns Hopkins University	India	VPRP/PSB	Active	Phase III	Actively Enrolling	Laboratory Assessment
CRM-KEN-05-01	Robert C. Bailey	University of Illinois at Chicago	Kenya	BSP/EB	Active	Phase III	Actively Enrolling	quarterly
CRM-NYC-06-01	Kendall A. Smith	Cornell University	New York, NY	TRP/DDCSB	Active	Phase II	Actively Enrolling	semi-annually
CRM-LOS-07-01	Peter A. Anton	UCLA	Los Angeles, CA	VPRP/VCRB	Active	Phase I	Ongoing, Close to Enrollment	semi-annually
CRM-LOS-07-02	Peter A. Anton	UCLA	Los Angeles, CA	VPRP/VCRB	Active	Phase I	Actively Enrolling	semi-annually
CRM-MIA-08-01	Patrick A. Haslett	University of Miami	Miami, FL	TRP/DDCSB	Active	Phase II	Actively Enrolling	semi-annually
CRM-UGA-09-01	Ronald H. Gray	Johns Hopkins University	Uganda	VPRP	Active	Phase III	Actively Enrolling	quarterly
CRM-UGA-09-01	Ronald H. Gray	Johns Hopkins University	Uganda	VPRP	Active	Phase III	Actively Enrolling	N/A
CRM-PIT-10-01	Charles Rinaldo	University of Pittsburgh	Pittsburgh, PA	BSP/TIB	Active	Phase I/II	Actively Enrolling	semi-annually
CRM-BOS-11-01	Nina Bhardwaj	Rockefeller University	Boston, MA	BSP/TIB	Active	Phase I	Actively Enrolling	Semi-annually
CRM-CAM-12-01	Kimberly P. Shafer	University of California, San Francisco	Cambodia	VPRP/PSB	Active	Phase III	In Development	N/A
CRM-SAF-13-01	Richard E. Chaisson	Johns Hopkins University	South Africa	TRP/OIRB	Active	Phase III	Open to Enrollment	Quarterly
CRM-MAL-14-01	Richard Semba	Johns Hopkins University	Malawi	TRP/OIRB	Active	Phase III	Actively Enrolling	Quarterly
CRM-PER-15-01	Richard A. Oberhelman	Tulane University	Peru	TRP/OIRB	Active	Not Applicable	Actively Enrolling	Quarterly
CRM-WOR-16-01	Phillip D. Markham	Advanced BioSciences Laboratories, Inc.	Worcester, MA	VPRP/PRDB	Active	Phase I	In Development	Semi-Annually
CRM-UGA-17-01	Christopher C. Whalen	Case Western Reserve University	Uganda	TRP/CRMB	Active	Phase III	In Development	Quarterly
CRM-UGA-17-01	Christopher C. Whalen	Case Western Reserve University	Uganda	TRP/CRMB	Active	Phase III	In Development	N/A
CRM-DEN-18-01	Courtney Fletcher	University of Colorado Health Sciences Center	Denver, Colorado	TRP/DDCSB	Active	Phase II	In Development	Semi-Annually
CRM-SAF-19-01	Hoosen Coovadia	Nelson R Mandela School of Medicine	South Africa	VPRP/PSB	Active	Phase I	In Development	N/A
CRM-PHI-20-01	Kurt Barnhart	University of Pennsylvania Medical Center	Philadelphia, Pennsylvania	VPRP/PSB	Active	Phase I	In Development	N/A
CRM-UGA-21-01	J. Brooks Jackson	Johns Hopkins Hospital	Uganda	VPRP/PSB	Active	Phase III	Pre-Accrual	quarterly
CRM-UGA-21-01	J. Brooks Jackson	Johns Hopkins Hospital	Uganda	VPRP/PSB	Active	Phase III	Pre-Accrual	N/A
CRM-GMP-03-01			Tarrytown, New York	VPRP/PRDB	Pending	Preclinical Study		
CRM-GMP-04-01				VPRP/PRDB	Pending	Preclinical Study	Preclinical	

Protocol ID	PI	Institution	Site Location	Program/ Branch	Asgmt Status	Phase	Study Status	Visit Freq.
CRM-CAM-12-01	Kimberly P. Shafer	University of California, San Francisco	Cambodia	VPRP/PSB	Pending	Phase III	In Development	Quarterly
CRM-CAM-12-01	Kimberly P. Shafer	University of California, San Francisco	Cambodia	VPRP/PSB	Pending	Phase III	In Development	N/A
CRM-CAM-12-01	Kimberly P. Shafer	University of California, San Francisco	Cambodia	VPRP/PSB	Pending	Phase III	In Development	N/A
CRM-SAF-19-01	Hoosen Coovadia	Nelson R Mandela School of Medicine	South Africa	VPRP/PSB	Pending	Phase I	In Development	
CRM-PHI-20-01	Kurt Barnhart	University of Pennsylvania Medical Center	Philadelphia, Pennsylvania	VPRP/PSB	Pending	Phase I	Active	
CRM-LAB-01-01	Julie McElrath	Fred Hutchinson Cancer Reserach Center	Seattle, Washington	VPRP/VCRB	Completed			Laboratory Assessment
CRM-GMP-01-01			Rockville, Maryland	VPRP/VCRB	Completed			
CRM-ETH-02-01	Andrea Ruff	Johns Hopkins University	Ethiopia	VPRP/PSB	Completed	Phase III	Actively Enrolling	Laboratory Assessment
CRM-LAB-02-01	Kent Wienhold	Duke University Medical Center	Durham, North Carolina	VPRP/VCRB	Completed			Laboratory Assessment
CRM-GMP-02-01	TBN (Alpha Vax)	Alpha Vax Human Vaccines, Inc.	Research Triangle, North Carolina	VPRP/VCRB	Completed			
CRM-ETH-02-01	Andrea Ruff	Johns Hopkins University	Ethiopia	VPRP/PSB	Completed			N/A
CRM-LAB-03-01	Haynes Sheppard	California State Dept. of Health Services	US	VPRP/VCRB	Completed			Laboratory Assessment
CRM-SAF-04-01	Charlotte Ellertson	Population Council		VPRP/PSB	Completed	Phase II/III	Completed	single visit
CRM-LAB-04-01	Clive Gray	University of the Witwatersrand	South Africa	VPRP/VCRB	Completed			Laboratory Assessment
CRM-UGA-09-01	Ronald H. Gray	Johns Hopkins University	Uganda	VPRP/PSB	Completed	Phase III	In Development	N/A
CRM-UGA-09-01	Ronald H. Gray	Johns Hopkins University	Uganda	VPRP/PSB	Completed			N/A
CRM-CAM-12-01	Kimberly P. Shafer	University of California, San Francisco	Cambodia	VPRP/PSB	Completed	Phase III	In Development	Laboratory Assessment
HIVNET 012	Brooks Jackson	Johns Hopkins University	Uganda	VPRP/PSB	Completed	Phase III		
HIVNET 012	Brooks Jackson	Johns Hopkins University	Baltimore, MD	VPRP/PSB	Completed	Phase III		
CRM-SAF-13-01	Richard E. Chaisson	Johns Hopkins University	South Africa	TRP/OIRB	Completed	Phase III	In Development	N/A
CRM-PER-15-01	Richard A. Oberhelman	Tulane University	Peru	TRP/OIRB	Completed	Not Applicable	In Development	N/A
CRM-TAN-01-01	C. F. von Reyn			TRP/OIRB	Cancelled	Phase II/III	Actively Enrolling	

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Proposal Submission Instructions

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Key points

Your proposal will have two separate parts: a business proposal and a technical proposal. In addition, several

other forms are required -- see the RFP and the table below for details. Some forms are in the RFP, and the others are available on our [Forms and Attachments](#) page.

NIAID's Contract Management Program is the official point of receipt for all NIAID proposals. You must send all proposals in both paper and electronic formats.

- **The paper proposal with original signatures is the official copy. There are no acceptable substitutes.** It is not acceptable to submit either a facsimile or an electronic proposal only without a paper copy.
- **The electronic version of the proposal is solely for the benefit of NIAID.** Electronic submission is still in the pilot stage, and the electronic versions may or may not be used for review, at the sole discretion of NIAID.

As a potential [offeror](#), you must routinely check the [RFP page](#) for amendments because we do not notify you directly of changes.

Read all instructions on this page and in the RFP before mailing or submitting forms or proposals.

If you have any questions, ask the contract specialist specified in the RFP, or see the [CMP contact information](#).

Your notice of intent

The RFP includes a notice of intent form (Proposal Intent Response Sheet) and a due date for the form. **It is essential that the CMP contract specialist or [contracting officer](#) indicated in the RFP receive the completed notice of intent form on or before that date.** He or she will then email you your login name, password, and any additional instructions.

Once you receive your login information, please [test your access](#) immediately. Read more about [your electronic proposal](#) below.

Your official paper proposal

The paper proposal with original signatures is the official copy. There are no acceptable substitutes. It is

not acceptable to submit either a facsimile or an electronic proposal only without a paper copy.

You must certify in your cover letter or cover sheet that the paper and electronic versions of your proposal are identical. If the electronic version differs from the official paper version or does not include all the material in the paper version, you must spell out the differences.

Formatting and layout

Use your usual word processing and spreadsheet programs to prepare and format the technical and business proposals in preparation for printing.

- **Type size** must be 10 to 12 points.
- **Type spacing** should be no more than 15 characters per inch. Within a vertical inch, there must be no more than six lines of text.
- **Print margins** must be at least one inch on each edge of the paper.
- **Print setup** should be single sided on standard letter size paper (8.5 x 11" in the U.S., A4 in Europe). Larger paper sizes or two-sided copies will be counted as two pages.

Page limits for paper proposal

You must follow the instructions in the table below for page limits.

- Paper pages in excess of the limit will be removed and will not be read or evaluated.
- **Exceeding size limits may result in the rejection of your proposal.**

Document	Number of paper copies required	Page limit for paper version

Technical Proposal	One unbound signed original. RFP specifies quantity of additional unbound paper copies.	Must not exceed 150 pages. If the RFP specifies a lower page limit, follow the lower limit instead.
Business Proposal	One unbound signed original. RFP specifies quantity of additional unbound paper copies.	Must not exceed 150 pages. If the RFP specifies a lower page limit, follow the lower limit instead. The business proposal page limit includes appendices.
Proposal Summary and Data Record, NIH 2043	One original cover sheet must be submitted with the original proposal. Extra copies are optional.	Standard form, not included in page limits.
Representations and Certifications	One original must be submitted with the original Business Proposal. Extra copies are optional.	Standard form, not included in page limits.

Proposal Appendices	Submit one unbound copy must be tied with the original Business Proposal. RFP specifies quantity of additional unbound paper copies. You must include all appendices and other pertinent documents, such as standard operating procedures and manuals.	Included in the Business Proposal page limit.
Any other forms specified in the RFP	See RFP for details.	See RFP for details.

Receipt date and timeliness

The receipt date and time are specified in the RFP. Plan your timing and delivery method to ensure that CMP will receive your paper proposal in time.

CMP makes the official determination of whether receipt is timely, based on when the contracting officer receives the paper copy. If CMP does not receive your paper proposal at the specified place and time, it will be considered late and handled in accordance with HHSAR 352.215-70, "Late Proposals and Revisions," in the solicitation.

Packaging, delivery method, and addressing

Package your paper proposal for delivery:

- Print both proposal sections, all required forms, and any appendices.
- Sign and complete all original forms.
- Include the required documents and number of copies.

The outside of your package must indicate the **RFP number, title**, and the statement **"TO BE OPENED BY AUTHORIZED GOVERNMENT PERSONNEL ONLY"** in addition to the usual the mailing and return addresses.

You must address the package correctly, based on your delivery method:

Method	Deliver by hand, courier service, FedEx, UPS	All U.S. Postal Service mail (both standard and express)
Address to use	Attn: _____ (Contract Specialist identified in RFP) Contract Management Program, DEA NIAID, NIH 6700-B Rockledge Drive, Room 2230 Bethesda, Maryland 20817-7612	Attn: _____ (Contract Specialist identified in RFP) Contract Management Program, DEA NIAID, NIH 6700-B Rockledge Drive, Room 2230, MSC 7612 Bethesda, Maryland 20892-7612

Addressing is critical! If you incorrectly send a U.S. Postal Service "Express Mail" package to the hand-delivery address, it will be held at a local post office -- **the government will not pick up your proposal at the post office.**

Your electronic proposal

Remember, electronic submission is still in the pilot stage, and the electronic versions may or may not be used for review, at the sole discretion of NIAID. The paper version is the official copy -- after the paper version is sent, any content revisions to the electronic version will not be official.

You must certify in your cover letter or cover sheet that the paper and electronic versions of your proposal are identical. If the electronic version differs from the official paper version or does not include all the material included in the paper version, you must spell out the differences.

Typically, offerors create the electronic version using the same files created earlier for the print version. Make sure to use the same page limits, page layout, type size, and type density limits specified above.

About Adobe Acrobat PDF

You must convert your source files to Adobe Acrobat Portable Document Format (PDF).

We will not accept any other file format for electronic submission. PDF files can be read by anyone who has installed the [free Acrobat reader software](#).



Convert both files to PDF

Create two separate PDF files -- one for the business proposal, and one for the technical proposal. To convert your original word processing files, graphics, spreadsheets, and other files into PDF format, you can either:

- Purchase the [full version of Adobe Acrobat](#).
- Or, U.S. and Canadian residents can use [Adobe's online converter](#). The free trial will allow you to create five documents. To use the site regularly after that, you must subscribe for \$10 a month or \$100 a year.

As part of the conversion process, we strongly suggest that you create search indexes in your electronic technical proposal file to make it easier for reviewers to locate information. If you cannot create search indexes, reviewers will still be able to use the generic Acrobat "Search" command.

PDF file size limits

You must follow the instructions in the table below for PDF file size limits.

- Electronic files exceeding the limit will not be accepted. You must replace too large files with smaller versions before the closing date and time.
- **Exceeding size limits may result in the rejection of your proposal.**

Document	PDF file size limit for electronic version
Technical Proposal	Must not exceed 5 MB (megabytes).*
Business Proposal	Must not exceed 5 MB (megabytes).*
Proposal Summary and Data Record, NIH 2043	No electronic version required.
Representations and Certifications	No electronic version required.
Proposal Appendices	No electronic version required.
Any other forms specified in the RFP	See RFP for details.

** For reference, 5 MB (megabytes) is equal to 5,000 KB (kilobytes).*

How to minimize PDF file size

Avoid exceeding the file size limits above by following these guidelines for the original (source) files.

Do not embed sound or video (e.g., MPEG) files into the proposal files. Not only are those files large, but the evaluation system used by the reviewers cannot play sounds or video.

Make embedded graphics as small and simple as possible. Complex graphics greatly increase the size of your proposal and make the electronic review of proposals more difficult for reviewers.


- Use compressed formats like JPG and GIF.
- Minimize the resolution of images (1024x768 pixels or smaller).
- Limit scanned images and photos as much as possible.
- Avoid using bitmap graphic files.
- Simplify your color palette for creating figures and tables.
- Avoid unnecessary textures or gradients.

If you find your resulting PDF file is still too large, take a stricter approach using the guidelines above. For example, you may need to reformat or remove graphics. Then [convert the source files into PDF](#) again, and check the size. Repeat this process until the file size meets the requirement.

Test your access to the electronic proposal submission Web page

After the CMP contract specialist or [contracting officer](#) indicated in the RFP receives your notice of intent form, he or she will email you your login name, password, and any additional instructions.

[Go to the Login page](#) to test your access immediately. You should see:



Login	
Login Name	<input type="text"/>
Password	<input type="password"/>
<input type="button" value="Click to Login"/>	

Use the login name and password provided in the email. Please contact the NIAID [Contract Management Program](#) if you have problems logging in.

You will not have access to the posting site after the RFP has closed; the closing date and time are stated in the RFP.

Submit your electronic proposal PDF files

You may submit your [two PDF proposal files](#) at any point after receiving your login name and password. We highly

recommend that you submit your electronic proposal at least several days before the due date of your paper proposal. Remember, the size of your files and your Internet connection speed can affect the time required to upload your proposal.

1. Log in to the [submission Web page](#).
2. Click on "Browse" to locate and select your saved files on your computer.
3. Click on "Submit" after you have selected the correct files.
4. In the "Uploaded Documents" section, the two submitted file names should appear as blue links. Click each link to view the corresponding file on the NIAID server. If you are concerned or experience difficulty, please let the contract specialist know.

If you wish to replace the submitted files with different versions any time before the closing date and time, simply log back in and resubmit. The new files will overwrite the previous versions.

However, keep in mind that your paper proposal submission must certify that the paper and electronic versions of your proposal are identical or spell out how they differ. If you have already sent the paper proposal and the corresponding statement comparing it with the electronic version, you must not change the electronic version later in a way that would undercut your original assertions.

If you have questions or concerns

Let the contract specialist know as soon as possible. The contact information is specified in the RFP, or see the [CMP contact information](#).

Learn more about the other stages of the contracts process on our [About NIAID Contracts](#) page.



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